

L16 000179070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

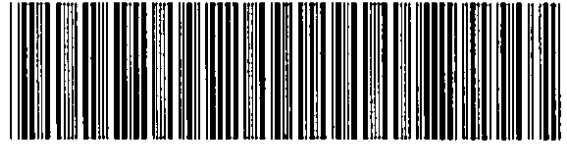
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600327394966

04/08/19--01030--022 *\$25.00

2019 APR 23 PM 6:02

Amend

APR 24 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nirvana Research Center LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Manno

Name of Person

Nirvana Research Center

Firm/Company

8765 SW 165 Ave Suite 105

Address

Miami, FL 33193

City/State and Zip Code

mannopd@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Manno

786

2671190

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

DANIELA MANNO
8765 SW 165 AVE
STE. 105
MIAMI, FL 33193

SUBJECT: NIRVANA RESEARCH CENTER LLC
Ref. Number: L16000179070

We have received your document for NIRVANA RESEARCH CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00007586

RECEIVED

2019 APR 23 PM 2:04

STATE OF FLORIDA
TALLAHASSEE, FL

FILED
2019 MAR 23 AM 9:02

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| AP | Victoria Almeida | 8765 SW 165 Ave Suite 105 Miami, FL 33193 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top center of the page, there is some faint, illegible handwriting or a stamp. The rest of the page is blank except for the lines.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Daniela Manno
Typed or printed name of signee