

L17000083873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

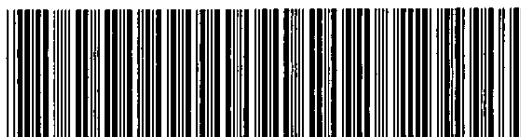
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FILED
17 JUN -5 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**PERLAND TITLE &
ESCROW SERVICES CORP**

May 31, 2017

Florida Department of State
Division of Corporations
Section Name
P.O. BOX 6327
Tallahassee, FL 32314

Re: Buyer: Trillalaora LLC, a Florida limited liability company
Seller: Maple Capital Investments LLC
Property: 900 Biscayne Blvd., #6101 Miami, FL 33132
File: 9800-193

Dear Sir/Madam:

Enclosed please find check No. 11720 in the amount of \$25.00, representing a filing fee fee.

If you have any questions, please do not hesitate to contact our office.

Sincerely,
Perland Title & Escrow Services Corp.

By: 
Post Closing Department

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRILLALAORA 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:

Alfredo Cabral

Name of Person

Cabral Accountants & Associates

Firm/Company

31 SE 5th Street, Suite 312

Address

Miami, FL 33131

City/State and Zip Code

ac.cpa@live.com

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

For further information concerning this matter, please call:

Alfredo Cabral

305

926-5724

Name of Person

at (_____) _____
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

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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>
AMBR	CHRISTIAN P. ELTE RUBIO	900 BISCAYNE BLVD	☐ Add
		SUITE 3501	☒ Remove
		MIAMI, FL 33132	☐ Change
MGR	CHRISTIAN P. ELTE RUBIO	900 BISCAYNE BLVD	☒ Add
		SUITE 3501	☐ Remove
		MIAMI, FL 33132	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

17 JUN -5 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

May 25th

2017

Signature of a member or authorized representative of a member

CHRISTIAN P. ELTE RUBIO

Typed or printed name of signee