

L17000233259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

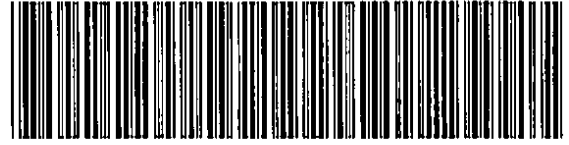
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 18 2018

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2018 JUN -2 A 9:09

5/5/1825

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Found Recovery, 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:

Ronald Vieira

Name of Person

Found Recovery, LLC

Firm/Company

1280 North Congress Avenue STE 105 & 108

Address

West Palm Beach, Florida 33419

City/State and Zip Code

ron@foundrecovery.com

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

For further information concerning this matter, please call:

Ron Vieira

561

228.8526

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

RONALD VIEIRA
1280 N CONGRESS AVE STE 105 & 108
WEST PALM BEACH, FL 33419

SUBJECT: FOUND RECOVERY LLC.
Ref. Number: L17000233259

We have received your document for FOUND RECOVERY 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 registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00012826

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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>
MGR	GRUSZCZYK, MARIA P	13365 SW 144 Terrace	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARRY MICHAEL	15302 85TH Avenue N	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-19-2008 BY 60322 AUC/bk

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FBI - MEMPHIS

(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)

Dated June 13, 2018

Signature of a member or authorized representative of a member

Ronald W. Vieira

Typed or printed name of signee