

L18000167194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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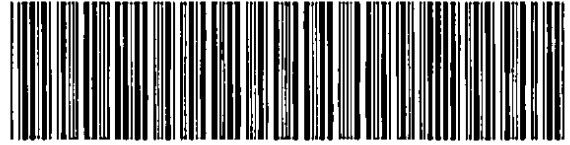
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N COOPER

AUG 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOMARU LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JON INNO EMIEL ABRIGO

Name of Person

GOMARU LLC

Firm/Company

5910 SOUTH GOLDEN BEAUTY LANE

Address

TAMARAC, FL 33321

City/State and Zip Code

emielabrigo@gmail.com

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

For further information concerning this matter, please call:

JON INNO EMIEL ABRIGO

954

702-5442

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

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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>
AP	JUANITO ABRIGO	5910 SOUTH GOLDEN	<input type="checkbox"/> Add
		BEAUTY LANE	<input checked="" type="checkbox"/> Remove
		TAMARAC, FL 33321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JON INNO EMIEL ABRIGO	5910 SOUTH GOLDEN	<input checked="" type="checkbox"/> Add
		BEAUTY LANE	<input type="checkbox"/> Remove
		TAMARAC, FL 33321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 11/11, _____


JON INNO EMIEL ABR

Signature of a member or authorized representative of a member

~~JON INNO EMIEL ABRIGO~~


a member

JUANITO ABRIGO

JUANITO ABRIGO

Typed or printed name of signee