

L18000208127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SEP 22 2018
SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSBORDER HOLDINGS, 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:

SCHIMUN CAVIEZEL

Name of Person

TRANSBORDER AVIATION HOLDINGS, LLC

Firm/Company

7800 W OAKLAND PARK BLVD BLDG 3 306

Address

SUNRISE FL 33351

City/State and Zip Code

RAYD@DIROCCOCPA.COM

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

For further information concerning this matter, please call:

RAYMOND M. DIROCCO

954

358-4272 EXT 0

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

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> |
|--------------|------------------|--------------------------|--|
| MGR | SCHIMUN CAVIEZEL | 7800 W OAKLAND PARK BLVD | <input type="checkbox"/> Add |
| | | BLDG C 306 | <input type="checkbox"/> Remove |
| | | SUNRISE FL 33351 | <input checked="" type="checkbox"/> Change |
| MGR | JOHN KEERY | 416 ADIRONDACK COURT | <input checked="" type="checkbox"/> Add |
| | | MARCO ISLAND | <input type="checkbox"/> Remove |
| | | FL 34145 | <input type="checkbox"/> Change |
| MGR | JOHN GEMMELL | 7800 W OAKLAND PARK BLVD | <input checked="" type="checkbox"/> Add |
| | | BLDG C 306 | <input type="checkbox"/> Remove |
| | | SUNRISE FL 33351 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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ST. JOHNS COUNTY
ALBUQUERQUE, NEW MEXICO

(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)

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

Dated SEPTEMBER 6, 2018

Signature of a member or authorized representative of a member

SCHIMUN CAVIEZEL

Typed or printed name of signee