

L18000242375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

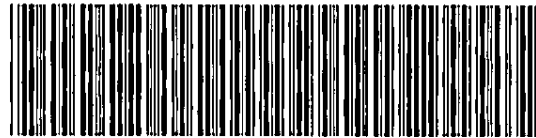
(Document Number)

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2019 JAN 10 PM 1:21

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN 11 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Espressos Cafe & Catering, 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:

Maricarmen Guillen

Name of Person

The Espressos Cafe & Catering, LLC

Firm/Company

2037 SE 14th Ct.

Address

Homestead, FL 33035

City/State and Zip Code

maricarmenguillen05@gmail.com

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

For further information concerning this matter, please call:

Maricarmen Guillen

786 384-3719

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

December 1, 2018

MARICARMEN GUILLEN
2037 SE 14TH COURT
HOMESTEAD, FL 33035

SUBJECT: THE ESPRESSOS CAFE & CATERING LLC
Ref. Number: L18000242375

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/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.

Claretha Golden
Regulatory Specialist II

Letter Number: 618A00024622

RECEIVED

2019 JAN 10 AM 11:31

CLARY OF
HASSELL

FILED

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

SECRETARY OF STATE
TALLAHASSEE, FL

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>
PRES	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPRES	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREAS	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maricarmen Guillen	2037 SE 14th Ct Homestead, FL 33035	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FEIN: 83-2272582

(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 January 07th 2019

Signature of a member or authorized representative of a member

Maricarmen Guillen

Typed or printed name of signee