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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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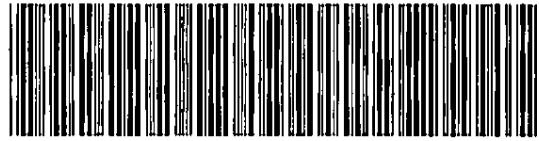
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COVER LETTER

TO: Registration Section
Division of Corporations

Moviluon International LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Prado De Luca, Jose

Name of Person

Moviluno International LLC

Firm/Company

4500 NW 73 AV

Address

Miami, FL 33166

City/State and Zip Code

popoli10@hotmail.com

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

For further information concerning this matter, please call:

Jose Prado De Luca

786

3029754

Name of Person

at (_____)

Area Code

_____ Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

