

L19 000 120559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

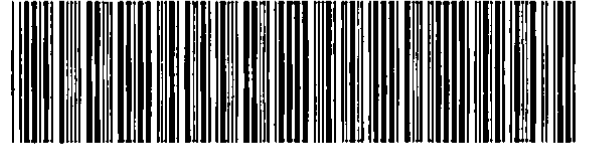
(Document Number)

Certified Copies  Certificates of Status

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04/01/21--01018--030 \*\*7.50

2021 MAR 15 PM 2:43

*pic*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2021

RUSTY RINEHART  
3873 SAN ISIDRO CIRCLE  
SAINT CLOUD, FL 34772

SUBJECT: GABRIELA FERNANDEZ PEREZ, LLC  
Ref. Number: L19000120559

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):

YOUR HAVE COMPLETE THE WRONG FORM. THE CORRECT FORM IS ATTACHED. TO RECEIVE THE CERTIFICATES REQUESTED, AN ADDITIONAL \$7.50 IS STILL DUE.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 021A00004562

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gabriela Fernandez Perez  
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:

Rusty Rinehart  
Name of Person

\_\_\_\_\_  
Firm/Company

415 E. Pine St. Apt 508  
Address

Orlando, FL 32801  
City/State and Zip Code

adam@fisbu.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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)

missing \$7.50

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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