

L19000149984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

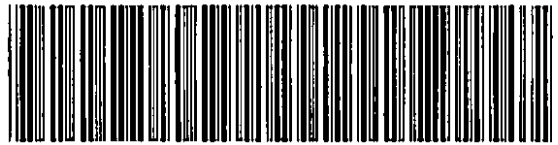
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OCT 03 2007

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELEGAS PLANTS NURSERY, 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:

ROSA ELENA LEON

Name of Person

Firm/Company

16132 NW 14TH COURT

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

alfredoleon77@gmail.com

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

For further information concerning this matter, please call:

ROSA ELENA LEON

954

436-0936

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 Address:

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

ELEGAS PLANTS NURSERY, LLC 17 11:50

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>		<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR		RUBIO, BONIFACIO	16550 SW 200th AVE.	<input type="checkbox"/> Add
			MIAMI, FL 33187	<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
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(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)

Typed or printed name of signee