LACOC	194	195

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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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# **COVER LETTER**

TO: Registration Section Division of Corporations

Division of Corporations

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:

JUAN POBLACION

Name of Person

Firm/Company

16199 SADDLE CLUB RD 201

Address

WESTON FLORIDA 33326

City/State and Zip Code

HPMPOBLACION@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN POBLACION	954 471-0051 at ()	
Name of Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8	
	Tallahassee, FL 32303	
Enclosed is a check for the following amount		

\$25 Filing Fee

□ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status Certified Copy

\$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2020

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JUAN POBLACION 16199 SADDLE CLUB RD 201 WESTON, FL 33326

SUBJECT: TRANSFORMACIONES METALURGICAS CA LLC Ref. Number: L19000198195

We have received your document for TRANSFORMACIONES METALURGICAS CA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 520A00006983

2020 SEP 28 PH 2: 04

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314 STATEMENT OF CORRECTION

FOR

## FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

TRANSFORMACIONES METALURGICAS CA LLC FIRST: The name of the limited liability company is:

L19000198195 The Florida Document number of the limited liability company is: SECOND:

L19000198195 Document to be corrected is: THIRD:

## (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected  $\checkmark$ statement are as follows:

THE INITIAL FILING NAME WAS: "TRANSFORMACIONES METALURGICAS CA LLC" AND NEEDS TO

TO BE CORRECTED AS: "TRANSFORMACIONES METALURGICAS LLC". WE WANT TO REMOVE THE

"CA" FROM THE INITIAL NAME.

#### OR

Ø

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are  $\square$ as follows:

	<u> </u>
OR	
The electronic transmission of the record was defective.	
( LIMC+2400	07/05/2027
City of Anthropology and Comparison	

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: **Certified Copy:** 

\$25.00 \$30.00 (optional)

-	COVER LETTER
	gistration Section
SUBJECT	TRANSFORMACIONES METALURGICAS CA LLC
Dear Sir o	Madam:
	Madam: ed Statement of Correction and fee(s) are submitted for filing.

JUAN POBLACION

Name of Ferson

Firm/Company

16199 SADDLE CLUB RD 201

Address

WESTON FLORIDA 33326

City/State and Zip Code

HPMPOBLACION@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN POBLACION	V	954 at (	471-0051
Na	me of Person	Area Code	Daytime Telephone Number
Division o P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N, Monroe Street, Suite 810
			Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
<b>■\$</b> 25 Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	1 \$60 Filing Fee, Certificate of Status &

Certified Copy