

120000116415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

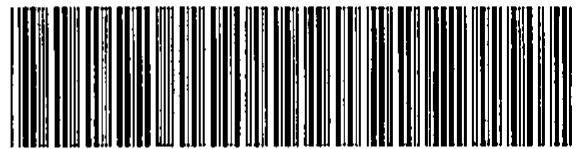
(Business Entity Name)

(Document Number)

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R. WHITE
MAY 27 2020

2020 11 17 10:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AREPASFIT8 LLC

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:

PAULINA GONZALEZ

Name of Person

10434 NW 70th LN

Firm/Company

DORAL FL 33178

Address

City/State and Zip Code

TOTAL_TAX@HOTMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO PALMERO

305

554-8306

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	SANDOVAL, PAULINA	10434 NW 70TH LN	<input type="checkbox"/> Add
		DORAL FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ, PAULINA	10434 NW 70TH LN	<input checked="" type="checkbox"/> Add
		DORAL FLORIDA 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)(

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 08 2020

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

PAULINA GONZALEZ

Typed or printed name of signee