

L23000121558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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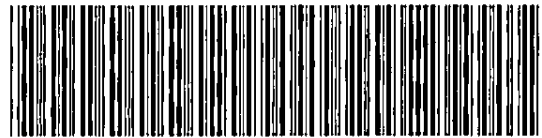
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIRON INSURANCE 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:

IRVIN GIRON

Name of Person

GIRON INSURANCE LLC

Firm/Company

16175 GOLF CLUB ROAD APT 306

Address

WESTON, FL. 33326

City/State and Zip Code

GIRON.IRVIN@GMAIL.COM

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

For further information concerning this matter, please call:

IRVIN GIRON

954 294-6083
at ()

Name of Person

Area Code

Daytime Telephone Number

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL.

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	GIRON, JUAN Sr.	740 SORRENTO DRIVE	<input type="checkbox"/> Add
		WESTON FL. 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAGAZANI, MARIA	740 SORRENTO DRIVE	<input type="checkbox"/> Add
		WESTON FL. 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARY L GIRON	16175 GOLF CLUB RD APT 306	<input checked="" type="checkbox"/> Add
		WESTON FL, 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 03/17, 2023

Typed or printed name of signee

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TALLAHASSEE, FL

Filing Fee: \$25.00