

M1300002029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

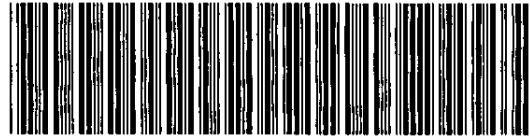
M13-2029

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen AUG 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAKPAN, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA MARGARITA LLOBERA
Name of Person

SAKPAN, LLC
Firm/Company

P.O. Box 522232
Address

MIAMI, FL 33152-2232
City/State and Zip Code

ALLOBERA@GRUPOLAKAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MARGARITA LLOBERA at (305) 904-1023
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2013

ANA MARGARITA LLOBERA
PO BOX 522232
MIAMI, FL 33152-2232

SUBJECT: SAKPAN LLC
Ref. Number: M13000002029

We have received your document for SAKPAN LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 413A00018217

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SAKPAN, LLC

2. This entity was formed under the laws of: DELAWARE

3. This entity was authorized to transact business in Florida on 04/01/13
and its Florida document/registration number is H13000002029

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ANA MARGARITA LLOBERA
6355 NW 36th ST. STE. 310
VIRGINIA GARDENS, FL 33166

PRESIDENT

OTTO DENETRIO LAKAS
6355 NW 36th ST. STE. 310
VIRGINIA GARDENS, FL 33166

TREASURER

OTTO DENETRIO LAKAS
6355 NW 36th ST. STE. 310
VIRGINIA GARDENS, FL 33166

SECRETARY

ANA MARGARITA LLOBERA
6355 NW 36th ST. STE. 310
VIRGINIA GARDENS, FL 33166

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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TALLAHASSEE, FLORIDA