M13660006887

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration		_		
Division of	<u>Corporations</u>	()	11 8	
SUBJECT:	Name of Foreign I	Limited Liability Compa	any UC	
Dear Sir or Madam	:			
	avit by Foreign Limited (s) and fee(s) are subm	d Liability Company to itted for filing.	Change Manager(s) or	
Please return all con	respondence concernir	ng this matter to the foll	owing:	
Voe	ERT ERRI	TO		
Pen	Name of Person ARVARIE	PRODUCTS	LLC	
***	Firm/Company			
109	E. 17th Aug	SUITE	62) = = =	
Nen	Address	10 Don	2813 NOV 12	
	City/State and Zip Cod	J \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
(Emar)	Lablesradu	annual report notificati	Mail.com = =	
For further informa	tion concerning this ma	atter, please call:	26 26 C	
Zoker.		954, 816-068	8	
Name of	Person	Area Code and Daytim	e Telephone Number	
Registration		Registration Section		
Division of C Clifton Build		Division of Corporations P.O. Box 6327		
2661 Executi	ve Center Circle Florida 32301	Tallahassee, Florida 32314		
Exclosed is a check	k for the following am	nount:		
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &	

Certified Copy

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 Ilogida Department of State is: EMARKAR E TROLLER.		
2. This entity was formed under the laws of:		
3. This entity was authorized to transact business in Florida on	DIS	
4. The name and address of each manager or managing member is as follows:		
Title: Name and Address: "MGR" = Manager "MGRAS" = Manager		
"MGRM" = Managing Member WP BORCE EXCITO MICE 109 E 17TH AVE. SUITE	R 1622	_
CHESENTE, MA \$500	Ļ)	
PLEASE REMOVE KEMH VOUT AS MANAGED	AON E182	1-17
AS HE HAS PESILIVED.	2	
	PM 1:2	į,
	⊕	
Required Signature: Refer Civito Signature of Manager. Managing Member or Member		

Filing Fee: \$25