

# MIS 000006048

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

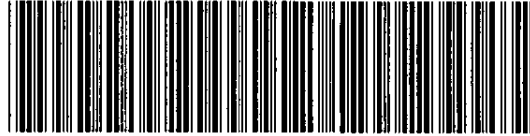
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2015 AUG 10 PM 4:48  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. Culligan AUG 11 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAPARAZZI MOTORS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALERIE JO ALIAGA

Name of Person

PAPARAZZI MOTORS

Firm/Company

1295 N. TAMiami TRAIL

Address

NORTH FORT MYERS, FL. 33903

City/State and Zip Code

PAPARAZZI MOTORS @ GMAIL.COM

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

For further information concerning this matter, please call:

VALERIE JO ALIAGA

Name of Person

at ( 717 ) 855-6887

Area Code & 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:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2015

VALERIE ALLAGA  
1295 N TAMiami TRAIL  
NORTH FORT MYERS, FL 33903

SUBJECT: PAPARAZZI MOTORS, LLC  
Ref. Number: M15000006048

We have received your document for PAPARAZZI MOTORS, 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):

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: 715A00016868

*faxing  
form*

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PAPARAZZI MOTORS LLC
2. The Florida document number of this limited liability company is: M15000006048
3. Jurisdiction of its organization: PENNSYLVANIA
4. Date authorized to do business in Florida: 7/31/15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: VALERIE JO ALIAGA

New Registered Office Address: 1295 N. TAMiami TR  
Enter Florida Street Address

NORTH FT MYERS, Florida 33903  
City Zip Code

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

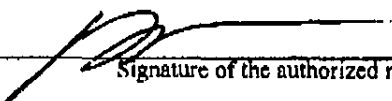
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

VALERIE JO ALIAGA NEEDS TO BE LISTED AS MEMBER

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEMBER</u>	<u>VALERIE ALIAGA</u>	<u>1295 N. TAMiami TR.</u>	<input checked="" type="checkbox"/> Add
		<u>N. FT. MYERS, FL. 33903</u>	<input type="checkbox"/> Remove
<u>MEMBER</u>	<u>RAUL ALIAGA</u>	<u>1295 N. TAMiami TR.</u>	<input checked="" type="checkbox"/> Add
		<u>N. FT. MYERS, FL. 33903</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

VALERIE JO ALIAGA  
Typed or printed name of signee

Filing Fee: \$25.00