

M21000007209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

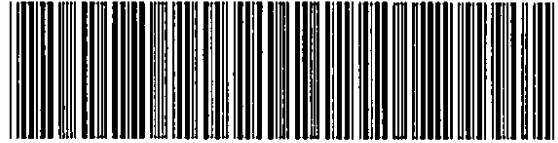
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

11/5/21

Office Use Only



300374760483

10/12/21--01036--013 ++25.00

FILED
2021 NOV -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE



2021 OCT -5 AM 8:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2021

JORGE LAFITE
4801 S UNIVERSITY DR 204
FT LAUDERDALE, FL 33328

SUBJECT: NUOVO SECURITY LLC
Ref. Number: M21000007209

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 121A00025450

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUOVO SECURITY 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:

JORGE LAFITE

Name of Person

LAFITE LLC

Firm/Company

4801 S UNIVERSITY DR 204

Address

FT LAUDERDALE FL 33328

City/State and Zip Code

MIAMITAXSOLUCION@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE LAFITE

Name of Person

at (305) 225 7010

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

FILED

2021 NOV -5 AM 8:55

Department of STATE
TALLAHASSEE, FLA.

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HLW SERVICES LLC	5301 SW 38TH AVE	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Remove
AMBR	CYBERTIC INVESTMENT CORP	5301 SW 38TH AVE	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Remove
AMBR	CYBERTIC INVESTMENT CORP	4801 S UNIVERSITY DR 204	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Typed or printed name of signee

Filing Fee: \$25.00