

L04000023810

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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04/08/11--01047--009 **43.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 25 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RCW 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:

Richard Jacobacci
Name of Person

RCW LLC
Firm/Company

1478 NE 130th Street
Address

North Miami FL 33161
City/State and Zip Code

Richard@RCWInteriors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Jacobacci at (305) 803-7212
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N A	N A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Dated _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Richard Jacobacci

Signature of a member or authorized representative of a member

Richard Jacobacci

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2011

RICHARD IACOBACCI
RCW LLC
1478 NE 130TH STREET
NORTH MIAMI, FL 33161

SUBJECT: RCW, LLC
Ref. Number: L04000023810

We have received your document for RCW, LLC and your check(s) totaling \$43.75. 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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 611A00008671