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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 22 2010

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anac Investments, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORENA Pardo

Name of Person

OSCAR GRISALVO - RACINI, P.A.

Firm/Company

2999 NE 199 STREET Ph 8

Address

AVENIDA, FL, 33180

City/State and Zip Code

pardo.lorena@gmail.com

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

For further information concerning this matter, please call:

LORENA Pardo

Name of Person

at ( 305 ) 792-4911

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

CR2E062 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is: Anae Investments, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The name of the manager member must change from  
Wallas, Ricardo, G. To Wallas, Ricard, G. and the  
name of the registered agent must change from Wallas,  
Ricardo, G To Wallas, Ricardo, G.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: October 19<sup>th</sup>, 2010

Signature of a member or authorized representative of a member

Ricardo G Wallas

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)