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DIVISION OF CORPORATIONS  
11 MAY -9 AM 10:09

N. Cuffigan MAY 11 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LANCIANO 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:

Karina Bruschetti  
Name of Person

Team Real Estate LLC  
Firm/Company

2801 NE 28<sup>th</sup> Terrace 2<sup>nd</sup> Floor  
Address

Aventura - FL - 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karina L. Bruschetti at (305) 454-0915  
Name of Person Area Code & Daytime Telephone Number

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

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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Page 1 of 2

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>
MGRM	Casado Lani, Rodrigo Fernando	2801 NE 208 <sup>th</sup> Terrace 2 <sup>nd</sup> F Aventura - FL-33180	<input checked="" 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
_____	_____	_____	<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 May 06, 2011.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Karina C. Bruschetti  
\_\_\_\_\_  
Typed or printed name of signee

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