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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R A&J NAPLES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JAVIER A CAMARDA
Name of Person

R A&J NAPLES, LLC
Firm/Company

124 SANTA CLARA DR APT 1
Address

NAPLES FL 34104
City/State and Zip Code

ANALIA_CAMARDA@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANALIA CAMARDA at (239) 331-6702
Name of Person 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 (2/14)

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 TALLAHASSEE, FLORIDA
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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: R A&J NAPLES, LLC

SECOND: The Florida Document number of the limited liability company is: L14000073572

THIRD: Document to be corrected is:
ARTICLE IV LAST NAME OF MEMBER IS INCORRECT

(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:

CAPRARIORI (INCORRECT STATEMENT) DUE TO WRONG TIPYING OR

BAD SPELLING. CORRECT STATEMENT IS CAPRAROLI

OR

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OR

The electronic transmission of the record was defective.

Joeyell 05/07/2014

Signature of Authorized Representative

Date

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