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(Requestor's Name)

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(City/State/Zip/Phone #)

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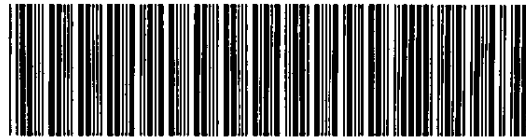
(Business Entity Name)

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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

\_\_\_\_\_  
Name of Person

239

\_\_\_\_\_  
Area Code

331-6702

\_\_\_\_\_  
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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2014 MAY 12 PM 1:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

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

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

05/07/2014

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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