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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8893 Cambria Circle 1901, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Lindsay

Name of Person

Lindsay and Allen

Firm/Company

13180 Livingston Rd #206

Address

Naples, FL 34109

City/State and Zip Code

joe@naples.law

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

For further information concerning this matter, please call:

Joseph Lindsay

239

593-7900

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 (9/15)

