

L030000001122

(Requestor's Name)

(Address)

(Address)

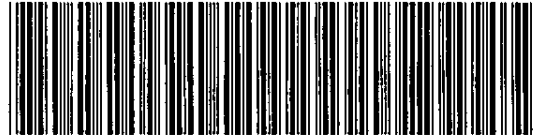
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



500276498185

\* 09/01/15--01023--019 \*\*718.75

Special Instructions to Filing Officer:  
\* no money for amend.  
All money sent to reinstat.  
LLC is dissolved  
N15-59093    Total  
                  1487.50  
                  (693.75)  
                  793.75

Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP - 1 A 10:31

FILED

SEP 14 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2015

CLARA DEL RISCO  
10051 PINES BLVD., STE A  
PEMBROKE PINES, FL 33024

SUBJECT: CABO INVESTMENTS, LLC  
Ref. Number: L03000001122

We have received your document for CABO INVESTMENTS, LLC and your check(s) totaling \$1373.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that there have been some discrepancies with regard to the total amount due to reinstate and change the name of the above listed limited liability company. This letter will break down the fees owed and provide you with the balance due.

The total amount due to reinstate the LLC through 2015 is \$1,487.50 (\$100 reinstatement fee and \$138.75 for each annual report due for the years 2006 through 2015). The fee to file the LLC amendment is \$25. Therefore, the total amount due to reinstate and change the name is \$1,512.50.

We are in receipt of funds previously received totaling \$1,373.75. There is a balance due of \$138.75 to complete your filing.

I apologize for any confusion or inconvenience this may have caused and I assure you that once the balance is received, your documents will be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 215A00019109

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CABO INVESTMENTS, 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:

CLARA DEL RISCO

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

CLARA DEL RISCO, P.A.

\_\_\_\_\_  
Firm/Company

10051 PINES BLVD., SUITE A

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

\_\_\_\_\_  
City/State and Zip Code

CLARA@DELRISCOLAW.COM

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

For further information concerning this matter, please call:

CLARA DEL RISCO

954 433-3440  
at ( )

\_\_\_\_\_  
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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
**FILED**  
 Add  
 Remove  
 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 8/31/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member
Chara del Risco
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

FILED