

LO700909306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

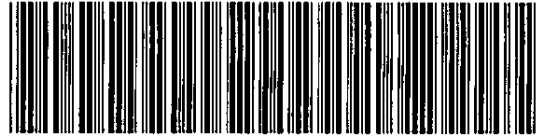
Special Instructions to Filing Officer:

A. LUNT

AUG 10 2009

EXAMINER

Office Use Only



600158782126

07/24/09--01008--007 **52.50

FILED
2009 AUG -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2009

CARMEN I VASQUEZ
3960 RADIO RD #202
NAPLES, FL 34104

SUBJECT: EMMANUEL TITLE, LLC
Ref. Number: L07000109306

We have received your document for EMMANUEL TITLE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 809A00025655

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emmanuel Title, 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:

Craig R. Terpening
Name of Person
Emmanuel Title, LLC
Firm/Company
3940 Radio Rd, Ste 107
Address
Naples, FL 34104
City/State and Zip Code
Craig@emmanueltitle.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG - 7 AM 11:01

FILED

For further information concerning this matter, please call:

Craig Terpening at (239) 436-6606
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

Emmanuel T. He, LLC

FILED
2009 AUG -7 AM 11:01
and assigned
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

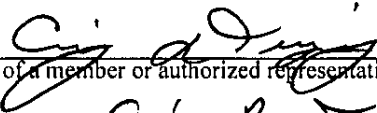
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carmen I. Vasquez	1011 Tivoli Dr. Naples, FL 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Craig R. Terpening	1011 Tivoli Dr. Naples, FL 34104	<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

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 TALLAHASSEE, FLORIDA

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

Dated 7/30, 2009


 Signature of a member or authorized representative of a member
Craig R. Terpening
 Typed or printed name of signee