

#L08000033328

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

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CAROL J. DEPASQUALE, LLC

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COVER LETTER

4

**TO: Registration Section
Division of Corporations**

SUBJECT: Carol J DePasquale, 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:

Guy D Sperduto CPA
Name of Person

Guy D Sperduto CPA
Firm/Company

8863 Stirling Road
Address

Cooper City, FL 33328
City/State and Zip Code

lxscpas@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy D Sperduto CPA at (**954**) **432-0272**
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

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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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated * 2-10-2011

Carol J. Caputo

Signature of a member or authorized representative of a member

Carol J Caputo

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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