

LD8000047648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAY - 6 PM: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY - 7 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAMIREZ FLORIDA PROPERTIES 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:

HUGO E RAMIREZ

Name of Person

Firm/Company

24815 ACROPOLIS DRIVE

Address

MISSION VIEJO CA 92691

City/State and Zip Code

hugoeramirez@cox.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY - 6 PM: 47

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For further information concerning this matter, please call:

Hugo E Ramirez

Name of Person

at (**949**)

923-1133

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

RAMIREZ FLORIDA PROPERTIES LLC

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

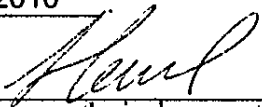
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| MGR | HUGO E. RAMIREZ | 24815 ACROPOLIS DRIVE MISSION VIEJO CA 92691 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | NICHOLAS RAMIREZ | 10 HIDDEN CREEK LANE LAGUNA HILLS CA 92653 | <input type="checkbox"/> Add <input checked="" 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) here: (Attach additional sheets, if necessary.)

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10 MAY -6 PM 4:47
TALLAHASSEE, FLORIDA

Dated APRIL 28, 2010



Signature of a member or authorized representative of a member

HUGO E RAMIREZ

Typed or printed name of signee