

LU9000053859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

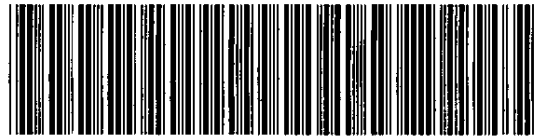
Special Instructions to Filing Officer:

**L. SELLERS**

JUL 20 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARIBBEAN WORLDWIDE NETWORK, 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:

SHEREECE CONNOLLY

Name of Person

CARIBBEAN WORLDWIDE NETWORK

Firm/Company

4405 TREEHOUSE LANE 25F

Address

TAMARAC, FLORIDA 33319

City/State and Zip Code

shereececonnolly@yahoo.com

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

For further information concerning this matter, please call:

CEDRIC JENKINS

Name of Person

at ( 954 )

292-1194

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

CARIBBEAN WORDWIDE NETWORK, LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

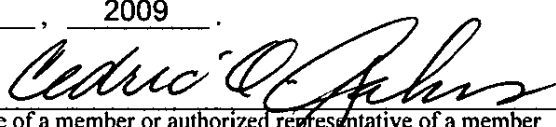
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY BAILEY	4405 TREEHOUSE LANE 25F TAMARAC, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERROL LYONS	4405 TREEHOUSE LANE 25F TAMARAC, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MAURICE GREGORY	4405 TREEHOUSE LANE 25F TAMARAC, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LISA THOMPSON	4405 TREEHOUSE LANE 25F TAMARAC, FL 33319	<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

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

Dated JULY 14, 2009

  
Signature of a member or authorized representative of a member

CEDRIC O. JENKINS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA