

LD9000101143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

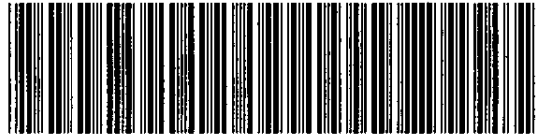
Special Instructions to Filing Officer:

**L. SELLERS**

**JAN 22 2010**

**EXAMINER**

Office Use Only



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01/21/10--01029--025 \*\*25.00

**FILED**

**10 JAN 22 PM 4:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Naples Bay East Homes, 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:

Carrie E. Lademan, Esquire  
Name of Person

Woodward, Pines & Lombardo, P.A.  
Firm/Company

3200 Tamiami Trail, Ste. 200  
Address

Naples, FL 34103  
City/State and Zip Code

clademan@wpl-legal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Lademan at 239 649-6555  
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

Naples Bay East Homes, LLC

Naples Bay South Homes, LLC

Page 1 of 2

10 JAN 22 PM 4: 10  
 SECRET  
 TALLAHASSEE  
 FLORIDA  
 Registered Agent

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

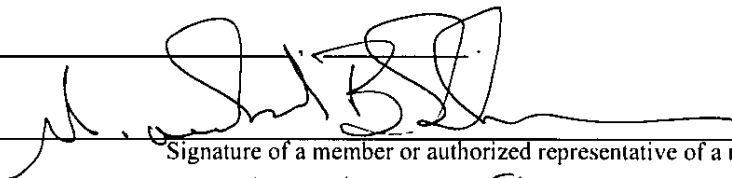
MGRM = Managing Member

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Michael B. Sherman

Typed or printed name of signee

10 JAN 22 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED