

UO 000000224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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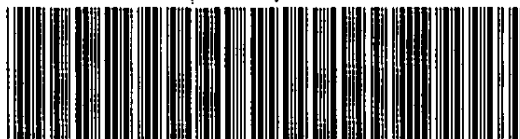
(Business Entity Name)

(Document Number)

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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capri Ristorante Italiano, 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:

~~Thari Agostino~~ + Kevin McKenna
Name of Person

Firm/Company

18459 Pines Blvd. Ste. 427
Address

Pembroke Pines, FL 33029
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin McKenna at (954) 649-8122
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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TALLAHASSEE, FLORIDA

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Capri Ristorante Italiano, LLC
(Name of the Limited Liability Company as it now appears on our records)

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	hari Agostino	39 SE 1st Avenue Boca Raton, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kevin McKenna	39 SE 1st Avenue Boca Raton, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE

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

Dated 6-24

2010

Signature of a member or authorized representative of a member

hari Agostino

Typed or printed name of signee