

L10000021071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

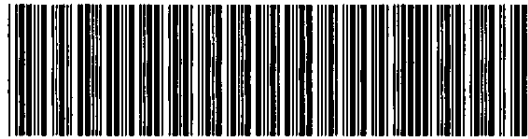
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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FEB 23 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2016

MICHAEL L. MICHETTI, JR.  
9045 STRADA STELL COURT, SUITE 400  
NAPLES, FL 34109

SUBJECT: WOODS, WEIDENMILLER, MICHETTI & RUDNICK, P.L.  
Ref. Number: L10000021071

We have received your document for WOODS, WEIDENMILLER, MICHETTI & RUDNICK, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 716A00003102

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WOODS, WOODS, WEIDENMILLER, MICHETTI & RUDNICK, PLLC  
\_\_\_\_\_  
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:

Michael L Michetti

\_\_\_\_\_  
Name of Person

WOODS, WEIDENMILLER, MICHETTI, RUDNICK & GALBRAITH, PLLC

\_\_\_\_\_  
Firm/Company

9045 Strada Stell Court, Fourth Floor

\_\_\_\_\_  
Address

Naples, Florida 34109

\_\_\_\_\_  
City/State and Zip Code

mmichetti@lawfirmnaples.com

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

For further information concerning this matter, please call:

Michael Michetti

239

325-4070

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

## WOODS, WEIDENMILLER, MICHETTI &amp; RUDNICK, P.L.

SECRETARY OF STATE  
TREASURER  
CLERK  
FEB 22 PM 4:37  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2/22

16

Signature of a member or authorized representative of a member

Michael Michetti

Typed or printed name of signee

**Filing Fee: \$25.00**

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