

LI 0000 56672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

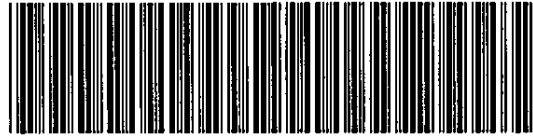
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700261808627

06/30/14--01008--007 **25.00

FILED
14 JUN 30 PM 12:43
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Realty International, 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:

Dennis J. McLaughlin

Name of Person

Naples Realty International, LLC

Firm/Company

877 91st Avenue N. Suite 2

Address

Naples, FL 34108

City/State and Zip Code

dennis@naplesrealtyinternational.com

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

For further information concerning this matter, please call:

Dennis J. McLaughlin

Name of Person

at (239) 370-1513

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 Realty International, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dennis J. McLaughlin	877 91st Avenue N. Suite 2 Naples, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anthony P. Listrom	877 91st Avenue N. Suite 2 Naples, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jason King	877 91st Avenue N. Suite 2 Naples, FL 34108	<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
			<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

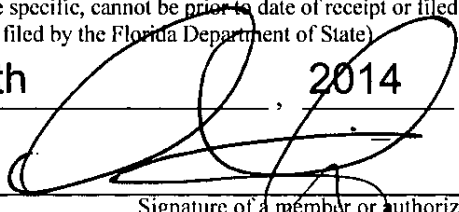
3011
14 JUN 30 PM 4:48
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 26th, 2014



Signature of a member or authorized representative of a member

Anthony P. Listrom

Typed or printed name of signee

FILED
JUN 30 PM 12:40
TALLAHASSEE, FLORIDA