

L11000136106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

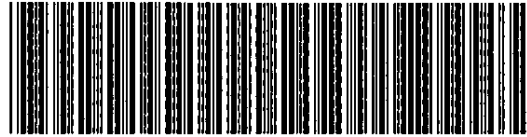
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DEC 28 2012

EXAMINER



100242950231

12/26/12--01023--020 \*\*25.00

FILED  
12 DEC 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 4063 ENT 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:

**CRAIG D. BLUME, ESQ.**

Name of Person

**CRAIG D. BLUME, P.A.**

Firm/Company

**800 HARBOUR DRIVE**

Address

**NAPLES, FLORIDA 34103**

City/State and Zip Code

**NAPLESLAWOFFICE@GMAIL.COM**

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

**FILED**  
**12 DEC 26 AM 8:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**CRAIG D BLUME**

Name of Person

**239 417-4848**

at ( )

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

FILED  
12 DEC 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
and assigned  
DEC 26 8:00

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number L11000136106

**A. If amending name, enter the new name of the limited liability company here:**

**NAPLES, FLORIDA 34103**

NAPLES, FLORIDA 34103

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

Page 1 of 3

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	LUCIA FOIANI	4308 LONGSHORE WAY SOUTH	<input type="checkbox"/> Add
		NAPLES, FLORIDA 34119	<input checked="" type="checkbox"/> Remove
MGR	PLC MANAGEMENT, LLC	800 HARBOUR DRIVE	<input checked="" type="checkbox"/> Add
		NAPLES, FLORIDA 34103	<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

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

Dated DECEMBER 14, 2012

Lucia Foiani

Signature of a member or authorized representative of a member

LUCIA FOIANI

Peter Takos  
(Typed or printed name of signee)

PETER TAKOS

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Filing Fee: \$25.00