

✓
✓12000050076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

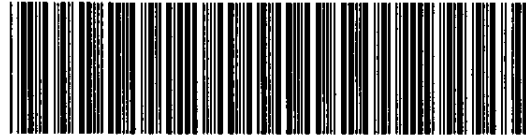
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 22 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOMAR 2221, 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:

ALBA B. SANDOVAL

Name of Person

SOMAR 2221, LLC

Firm/Company

1939 45TH STREET SW

Address

NAPLES, FL 34116

City/State and Zip Code

CPAYERO@EARTHLINK.NET

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

For further information concerning this matter, please call:

ALBA B. SANDOVAL

Name of Person

239 293-8060

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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SOMAR 2221, LLC

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:

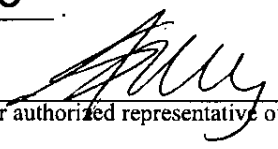
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANA C. PAYERO	1939 45TH ST. S.W. NAPLES, FL 34116	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES W. RAMOS	1939 45TH ST. S.W. NAPLES, FL 34116	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALBA BOLENE R. SANDOVAL	1939 45TH ST. S.W. NAPLES, FL 34116	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated **JANUARY 15,** , **2013**



Signature of a member or authorized representative of a member
JAMES W. RAMOS

Typed or printed name of signee

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Filing Fee: \$25.00

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