

L120000064472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

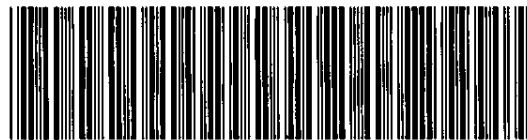
(Business Entity Name)

(Document Number)

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14 JUN 30 11:30  
TALLAHASSEE, FL  
SECRETARY OF STATE

JUL 01 2014  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CORRADO CASTALDO 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:

**MICHELE CORRADO**

Name of Person

**CORRADO CASTALDO LLC**

Firm/Company

**8501 PLACIDA ROAD**

Address

**PLACIDA FL 33946**

City/State and Zip Code

**JODYWITHSPRADTAX@YAHOO.COM**

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

For further information concerning this matter, please call:

**MICHELE CORRADO**

Name of Person

at **941 697-1313**

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  
14 JUN 26 11:33  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## CORRADO CASTALDO 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

STANDARD  
JUN 30 1977  
FBI

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

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**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 26**

**2014**

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**MICHELE CORRADO**

\_\_\_\_\_  
Typed or printed name of signee

FILED  
14 JUN 30 11:32  
SECRET  
TALLAHASSEE, FL 32301