

L120000067633

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAEDGU, LLC**

Certificate of Status	0
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Corporate Filing Menu

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C. LEWIS
AUG 30 2012
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 AUG 29 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



August 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAEDGU, LLC
16919 N BAY ROAD
UNIT 118
SUNNY ISLES, FL 33160US

SUBJECT: CAEDGU, LLC
REF: L12000067633

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H12000211889
Letter Number: 812A00021804

P.O BOX 6327 - Tallahassee, Florida 32314

H12000211889

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAEDGU, 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:

Leonardo F. Brito
Name of Person

Florida Law Title & Trust PLC
Firm/Company

1548 Brickell Avenue
Address

Miami, FL 33129
City/State and Zip Code

LBrito@BritoLawGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonardo F. Brito
Name of Person

at (305) _____
Area Code & Daytime Telephone Number

3224097

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

08/29/2012 12:24

H12000211889

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	GRECO, NESTER E	16919 N. BAY ROAD UNIT 118 SUNNY ISLES FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GRECO, NESTOR E	16919 N. BAY ROAD UNIT 118 SUNNY ISLES FL 33160	<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

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

Dated Aug. 29, 2012

Signature of a member or authorized representative of a member

Leonardo F. Brito

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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