

L1300000359443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

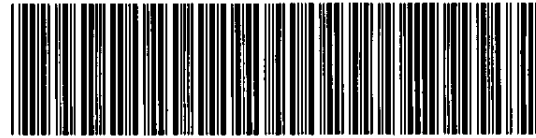
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC 26 AM 9:52
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2013 DEC 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2013

T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 12/26/2013

REF. #: 7752782.9002530

CORP. NAME: 665 S COLLIER BLVD, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70012194 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 DEC 30 PM 3:51

DIVISION OF CORPORATIONS

December 27, 2013

CORPDIRECT AGENTS INC
KATIE WONSCH

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

SUBJECT: 665 S COLLIER BLVD, LLC
Ref. Number: L13000059443

12/26

We have received your document for 665 S COLLIER BLVD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 213A00029158

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 665 S Collier Blvd, 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:

Christopher A. Roche

Name of Person

Law Offices of Christopher A. Roche

Firm/Company

229 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

croche@marcocable.com

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

For further information concerning this matter, please call:

Christopher A. Roche

239 389-0700
at ()

Name of Person

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

665 S Collier Blvd, LLC

FL055 - 05/16/2013 Wolters Kluwer Online

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	John Paul Macchia	946 Sundrop Court	<input type="checkbox"/> Add
		Marco Island, FL 34145	<input checked="" type="checkbox"/> Remove
MGR	John A. Macchia	946 Sundrop Court	<input type="checkbox"/> Add
		Marco Island, FL 34145	<input checked="" type="checkbox"/> Remove
MGRM	Joseph Angelo Macchia	3808 Wilcox Avenue	<input type="checkbox"/> Add
		Downers Grove, IL 60515	<input checked="" type="checkbox"/> Remove
MGRM	Gianna Lynn Macchia	3457 S. Whitnall Avenue	<input type="checkbox"/> Add
		Milwaukee, WI 53207	<input checked="" type="checkbox"/> Remove
MGR	M Holdings LLC	229 N. Collier Blvd.	<input checked="" type="checkbox"/> Add
		Marco Island, FL 34145	<input type="checkbox"/> Remove

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

Dated December 30, 2013



Signature of a member or authorized representative of a member

John Paul Macchia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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