

L13000 149422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

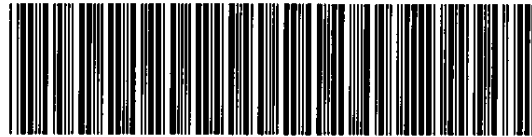
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 3 2013

T. HAMPTON

No

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: First Look Design Studio 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:

**Justin L. Case**

Name of Person

**First Look Design Studio**

Firm/Company

**333 Wellesley Drive**

Address

**Lake Worth, FL 33435**

City/State and Zip Code

**FirstLookDesignStudio@gmail.com**

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

For further information concerning this matter, please call:

**Justin L. Case**

Name of Person

at ( **561** ) **654-7182**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2014

JUSTIN L CASE  
333 WELLESLEY DR  
LAKE WORTH, FL 33435

SUBJECT: FIRST LOOK DESIGN STUDIO LLC  
Ref. Number: L13000149422

We have received your document for FIRST LOOK DESIGN STUDIO LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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: 514A00002865

**First Look Design Studio 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>
MGR	Massimiliano Valpa	333 Wellesley Drive	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33460	<input type="checkbox"/> Remove
MGR	Frank E. Laero Jr.	333 Wellesley Drive	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33460	<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

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

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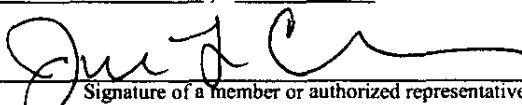
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 February 1, 2014



Signature of a member or authorized representative of a member

Justin L. Case

Typed or printed name of signee

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