

L14 000044018

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOLID STONE OF NAPLES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA ESTELA MORALES

Name of Person

AXIOM ACCOUNTING, INC

Firm/Company

4951 TAMIAMI TRAIL NORTH SUITE 103

Address

NAPLES, FL 34103

City/State and Zip Code

estelamoraes07@comcast.net

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

For further information concerning this matter, please call:

ROSA ESTELA MORALES

at ( 239 )

777-2943

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: SOLID STONE OF NAPLES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000044018

**THIRD:** Document to be corrected is:  
TILE AND LAST NAME SPELLING

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

TILE FOR BOTH MEMBERS IS MGR INSTEAD OF MG.

ALSO FIRST MEMBER LAST NAME IS CARLOS ALBERTO ANEZ GUTIERREZ

(GUTIERREZ SHOULD BE WITH "Z")

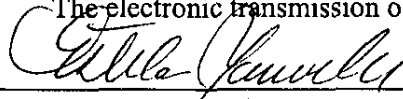
**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

  
Signature of Authorized Representative

03/20/14  
Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**