

L14 000050487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

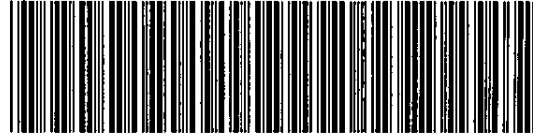
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700259948837

05/12/14--01009--001 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY 28 PM 12:51

FILED

MAY 28 2014

T. CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2014

CHRISTOPHER SHIELDS, ESQ.  
PAVESE LAW FIRM  
1833 HENDRY STREET  
FORT MYERS, FL 33901

SUBJECT: LAGUNA INVESTMENTS OF SW FLORIDA, LLC  
Ref. Number: L14000050487

We have received your document for LAGUNA INVESTMENTS OF SW FLORIDA, 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):

Your filing is being returned per your request for corrections.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 714A00010751

2014 MAY 28 PM 12:51

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Laguna Investments of SW Florida, 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 J. Shields, Esq.**

Name of Person

**Pavese Law Firm**

Firm/Company

**1833 Hendry Street**

Address

**Fort Myers, FL 33901**

City/State and Zip Code

**tarabathomas@gmail.com**

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

For further information concerning this matter, please call:

**Christopher J. Shields**

Name of Person

at **(239) 336-6208**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 MAY 28 PM 12:51  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS



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
			<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

2014 MAY 28 PM 12:51  
STATE OF MISSISSIPPI  
RECEIVED

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

The mailing address for the LLC and the mailing address  
of the Manager are being corrected to read:

Sladkovicova 54

90001 Modra, Slovakia

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 May 13

2014



Signature of a member or authorized representative of a member

Christopher J. Shields, Esq., Registered Agent

Typed or printed name of signee

2014 MAY 28 PM 12:51  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA