

LIS000191828

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JAN 26 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Vault of Naples 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:

Sheri Grassi

Name of Person

Naples Redevelopment Inc

Firm/Company

P.O. Box 1309

Address

Naples, Florida 34106

City/State and Zip Code

sheri@naplesredevelopment.com

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

For further information concerning this matter, please call:

Sheri Grassi

239

331-7940

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

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TALLAHASSEE, FLORIDA
Bureau of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Nicholas Garulay	2745 Corporate Flight Drive	<input type="checkbox"/> Add
		Naples, Florida 34106	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Adam Smith	2745 Corporate Flight Drive	<input type="checkbox"/> Add
		Naples, Florida 34106	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Markit LLC	P.O. Box 1309	<input checked="" type="checkbox"/> Add
		Naples, Florida 34106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 01/21/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 21, 2016

L.L.

Signature of a member or authorized representative of a member

Adam Smith

Typed or printed name of signee

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2019 JAN 25 P 12:21
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TALLAHASSEE, FLORIDA