

L21 000465373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

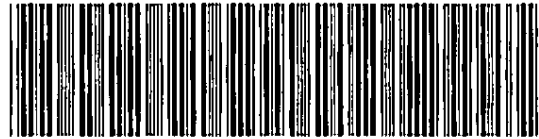
Special Instructions to Filing Officer:

Q. SILAS

JAN 11 2022

1/3/22

Office Use Only



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11/19/21--01008--008 \*\*55.00

FILED  
2022 JAN -3 PM 5:57  
SECRETARY OF STATE  
TALLAHASSEE, FL



RECEIVED

2022 JAN -3 PM 2:55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

December 10, 2021

RON SCHNEIDER  
922 MICHIGAN AVE.  
PALM HARBOR, FL 34683

SUBJECT: CARIBBEAN BEACH INVESTMENTS LLC  
Ref. Number: L21000465373

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Document to be corrected is Articles of Organization.

→ The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 521A00029769

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Caribbean Beach Investments 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:

Ron Schneider

Name of Person

Caribbean Beach Investments LLC

Firm/Company

922 Michigan Ave.

Address

Palm Harbor, FL 34683

City/State and Zip Code

ronjschneider76@gmail.com

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

For further information concerning this matter, please call:

Ron Schneider

901

378 2871

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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. FILED  
2022 MAR 9 PH 5: 57

**FIRST:** The name of the limited liability company is: Caribbean Beach Investments LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L21000465373

**THIRD:** Document to be corrected is: ~~Main document to change title from Mgr to Org~~ MGRM Articles of Organization

**(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:

~~Main document to~~ change title from Mgr to ~~Org~~ MGRM. I made a mistake when filling out the document.

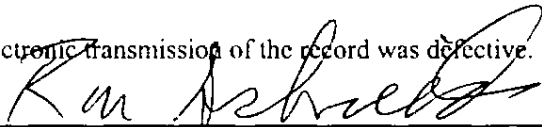
**OR**

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

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

**OR**

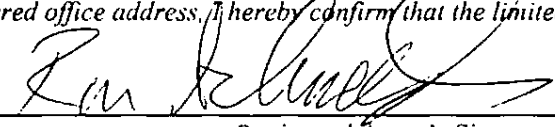
- ☒ The electronic transmission of the record was defective.

 12-28-21  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Registered Agent's Signature

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