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(Requestor's Name) (Address) (Address)	700163707217
(City/State/Zip/Phone #)	**************************************
(Business Entity Name) M 0 9 4 2 1 0 (Document Number)	OG DEC 30 PH 2:5
Certified Copies Certificates of Status	PH 2:57 TOF STATE EE. FLORIDA

Office Use Only

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COVER LETTER

TO: **Registration Section Division of Corporations**

L 7 MANA MENT LLC Name of Foreign Limited Liability Company SUBJECT: _

Dear Sir or Madam:

1 ...

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwar Intarte
Name of Person
L7 Manament LLC
Firm/Company
1000 N Collier Blvd
Address
Macoo Island Fl
City/State and Zip Code
eduini E Kenbrudge Frust. Con
E-mail address: (to be used for future annual report for fication)

For further information concerning this matter, please call:

at 6 Area Code and Daytime Telephone Number

Name of Person

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:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2009

EDWIN INFANTE 1000 N COLLIER BLVD. SUITE 6 MARCO ISLAND, FL 34515

SUBJECT: L7 MANAGEMENT LLC Ref. Number: M09000004210

We have received your document for L7 MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 509A00038775

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FILED 09 DEC 30 PM 2: 57

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY OF STATE TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)AHASSEE, FLORIDA

1. The name of the limited lia Department of State is:	ubility company as it appears on the records of the Florida
	der the laws of: New Jurgey.
3. This entity was authorized and its Florida document/register	to transact business in Florida on $Oct 212009$ stration number is $M09000004210$

Name and Address:

4. The name and address of each manager or managing member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

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MGRM MGRM

Edwin Infante

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Required Signature:

Signature of Manager, Managing Member or Member

Filing Fee: \$25