

LO5000073972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

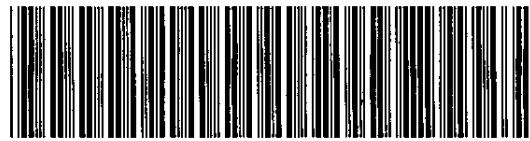
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 06 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Intelli-Investigations, 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:

Gilbert Colon  
Name of Person

Intelli-Investigation LLC  
Firm/Company

3275 S John Young PKY # 214  
Address

Kissimmee, FL 34746  
City/State and Zip Code

gilcinv@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilbert Colon at ( 786 ) 2560688  
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:**

- \$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.

**FIRST:** The name of the limited liability company is: Intelli-Investigations, LLC

**SECOND:** The Florida Document number of the limited liability company is: L05000073972

**THIRD:** Document to be corrected is:  
\_\_\_\_\_

**(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:

Forgot to add Member on renew Annual Report that to be Jennifer R Colon.

Need to be listed as a Member of LLC.

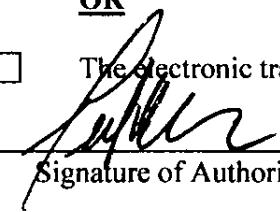
**OR**

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.



11-3-2014

Signature of Authorized Representative

Date.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 NOV - 5 AM 9:13  
FILED

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