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SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR 0 3 2011

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: AS TIERRAS (P. Name of Limited Liability Co	ONCCESSIO	MS,		0
•	1 7			
Dear Sir or Madam:				
The enclosed Articles of Correction and fee(s) are submitted for filing.	•			
Please return all correspondence concerning this matter to the following	ng:			
Name of Person	_			
LA SIERRA CONCESS.	ions, LC			
6015 GARFIELD ST		٦.,	21	
Hollywood 2 330;		ECRET/	2011 MAR -2	J.
City/State and Zip Code		RY OF SSEE.F	-2 PH	n
E-mail address: (to be used for future annual report notification)	_	STATE LORIDA	2: 55	
For further information concerning this matter, please call:				
Name of Person at (954) Area Co	de & Daytime Telephone Num	ber	-	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301 Enclosed is a check for the following amount:				
. /				
\$25 Filing Fee \$\ \text{S30 Filing Fee & Certified Copy}\$\$	S60 Filing Fee, Certificate of Status & Certified Copy	-		

CR2E062 (08/05)

ARTICLES OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST:	The name of the limited liability company is:	<u> 25</u>	Conce	·ess
SECOND:	The articles of organization or the application to transact business			دد
(CHECK	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	[ATE	<u>MENT</u>	
	rains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	itemen	nt is	
1	he Correct name is			
	LA SIERRA CONCESSION	15,	uc	
<u>OR</u>				
	defectively signed. The manner in which the document was defectivel ppropriate correction are as follows:	y sign	ned and	
		ALL	2011	
		HASS	AR .	7] =
			-	77
Dated: 2	120/11 DOS.	LORIDA	2: 55	D ,
·	Signature of a member or authorized representative of a member			
	VILMA VI VILARINO			
	Typed or printed name of signee			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			