

L14 000089666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

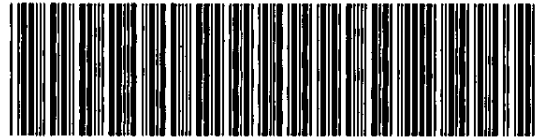
(Business Entity Name)

(Document Number)

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14 JUN -9 AM 9:12
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAL PERATION BUILDING 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:

LES GARDI

Name of Person

LES GARDI, CPA, P.A.

Firm/Company

7061 S TAMiami TRAIL, STE C

Address

SARASOTA, FL 34231

City/State and Zip Code

gardi.cpa@verizon.net

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

For further information concerning this matter, please call:

Les Gardi at (**941**) **925-2099**

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: GENERAL PERATION BUILDING LLC

SECOND: The Florida Document number of the limited liability company is: L14000089666

THIRD: Document to be corrected is:
THE 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:


Name is misspelled. Correct name: GENERAL OPERATION BUILDING 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.

 8/4/17
Signature of Authorized Representative Date

STATE OF FLORIDA
TALLAHASSEE
14 JUN -9 AM 9:42

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