## L16000 124413

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Puo	innes Entity New	
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Supplied Instructions to F	Tiling Officer	
Special Instructions to F	ning Officer:	
]		

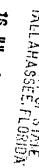
Office Use Only



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JUL 11 2016 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co			,	,
SUBJECT: 58		Ame of Limited Eigh		Partues
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) a	re submitted for filin	g.	
Please return all corresp	ondence concerning this n	natter to the followin	g:	
Joshua	With Enill Name of Person		_	
SEVEN Non-	Firm/Company	Pantnes	_	
1561 Hila	N Ct Address		-	
Wellington	FL 33914 htty/State and Zip Code		_	
Jwitheall	@ Gmail.co	m	-	
	concerning this matter, ple	•		
Joshua 1	vidhenill	at ( 56 l	82	77608
Name	of Person	at ( 56   Area Code	Day	time Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, Florida 323	s Circle		Registrat Division P.O. Box	ion Section of Corporations 6327 see, Florida 32314
Enclosed is a check for	the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	Cert	\$60 Filing Fee, ificate of Status & ified Copy

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		e of the limited liability company is: Seven Worth Capital	Pantues				
SECO!		The Florida Document number of the limited liability company is: L 1600017	<u> </u>				
11111		IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	ATEMENT				
N.	Contains a	an incorrect statement. The incorrect statement, the reason the statement is incorrect	t, and the corrected	d			
	-F H.	- Company of Should Box: " Source Month	(-:+al				
	PAR	THERS! (Pight Now is missing as "R")	Capitor -				
	Was defect as follows:	ctively signed. The manner in which the document was defectively signed and the as:	ppropriate correct	on SECRETA			
			<u> </u>				
	<u>OR</u>		AM : 38				
	The electro	ronic transmission of the record was defective.	;				
		Signature of Authorized Representative Date					
	ire of new re ng the desig	registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered.).	gistered agent mus	st sign			
I hereby provisio obligati	y accept the ons of all sto ions of my p a change in	gent's Signature, if changing Registered Agent: e appointment as registered agent and agree to act in this capacity. I further agree to tatutes relative to the proper and complete performance of my duties, and I am familia position as registered agent as provided for in Chapter 605, F.S. Or, if this document the registered office address, I hereby confirm that the limited liability company has	iar with and accep t is being filed to i	merely			
		<u> </u>					
	Registered Agent's Signature						
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					