# 116000160769

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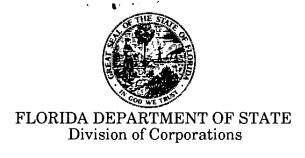
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### **COVER LETTER**

TO: Registration Division of	n Section Corporations		•
SUBJECT: BO	NMARE LLC		
	N	lame of Limited Liability	Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) a	re submitted for filing.	
Please return all corr	respondence concerning this n	natter to the following:	
MARIA C	SOUSA		
	Name of Person		
SOUSA 8	& ASSOCIATI	ES INC	
	Firm/Company		
7345 W S	AND LAKE RE	), STE 304	
	Address		
ORLAND	O, FL 32819		
	City/State and Zip Code		
carol@so	ousanassocia	tes.com	
E-mail address	s: (to be used for future annua	report notification)	
For further informat	ion concerning this matter, pl	ease call;	
MARIA C	SOUSA	407	800-7028
N	ame of Person	Arca Code	Daytime Telephone Number
STREET/COURIL			IAILING ADDRESS:
Registration Section Division of Corporations			egistration Section ivision of Corporations
Clifton Building 2661 Executive Cer		P.	O. Box 6327
Tallahassee, Florida			allahassee, Florida 32314
Enclosed is a check	k for the following amount:	· ·	
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)



January 5, 2017

MARIA C SOUSA 7345 W SAND LAKE RD STE 304 ORLANDO, FL 32819 US

SUBJECT: BONMARE LLC Ref. Number: L16000160769

We have received your document for BONMARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 917A00000281

#### C/O YASMIN

#### **COVER LETTER**

TO: Re

Registration Section Division of Corporations

SUBJECT:

**BONMARE 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:

MARIA C SOUSA

Name of Person

**SOUSA & ASSOCIATES INC** 

Firm Company

7345 W SAND LAKE RD, STE 304

Address

ORLANDO, FL 32819

City State and Zip Code

carol@sousanassociates.com

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

For further information concerning this matter, please call:

MARIA C SOUSA

,407

800-7028

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Cucle
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

S55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

## C/O YASMIN

# STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		etion 605.0209, F.S., this document is being submitted ame of the limited liability company is:				
	The Florida Document number of the limited liability company is: L1600016  THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION		ility company is: L16000160769 OF ORGANIZATION			
		CHECK THE APPROPRIATE BOX AND COM	OPLETE THE APPLICABLE STATEME	<u>vr</u>		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correstatement are as follows:					
X.	as foll	lefectively signed. The manner in which the docume ows: It document was signed as "Marined as "Andre Luis Gatti".				
				60 G		
	<u>or</u>			7. 9.		
	The el	ectronic transmission of the record was defective.  Signature of Authorized Representative	<u> </u>			
_		ew registered agent, if applicable: (NOTE: if correctesignation).	ting the registered agent, the new registered a	gent must sign		
I herei provis obliga reflect	by acceptions of a tions of a	d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a ll statutes relative to the proper and complete performy position as registered agent as provided for in C in the registered office address, I hereby confirm to	rmance of my duties, and I am familiar with a hapter 605, F.S. Or, if this document is being	md accept the filed to merely		
		Registered Age	nt's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			