

ADD000002010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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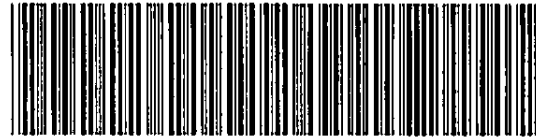
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 07 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2017

CAROL ANNE JOHNSON, ESQ  
P.O. BOX 3347  
PINELLAS PARK, FL 33780

SUBJECT: CINDERELLA HOLDINGS, LLLP  
Ref. Number: A00000002010

We have received your document for CINDERELLA HOLDINGS, LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN #4 YOU MUST CHANGE THE WORDING. THERE IS NO WAY TO CANCEL THE PREVIOUS FILING SO PLEASE REMOVE THAT WORDING. YOU NEED TO SPELL OUT THE CHANGES THAT NEED TO BE MADE IE: NAMES TO BE REMOVED, NAMES TO BE ADDED

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00016868

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CINDERELLA HOLDINGS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CAROL ANNE JOHNSON, ESQ.

Contact Person

CAROL JOHNSON LAW FIRM, P.A.

Firm/Company

PO BOX 3347

Address

PINELLAS PARK, FL 33780

City, State and Zip Code

carol@caroljohnsonlaw.com

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

For further information concerning this matter, please call:

Carol A. Johnson, Esq.

Name of Contact Person

at ( 727 ) 647-6645

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

CINDERELLA HOLDINGS, LLLP

Insert name currently on file with Florida Department of State

A00000002010

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.
- ☒ The record was defectively signed.

**SECOND:** This statement corrects Certificate of Amendment

Specify document type being corrected

filed with the Florida Department of State on 08/09/2017

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

- 1) The afore-referenced Amendment attempts to remove two of the named LLLP General Partners (Osvaldo Ruben Vila and Daniel Domingo Vila) and add a new General Partner - Jose M. Vila, Jr.
- 2) The Amendment erroneously attempts to change the Registered Agent for the LLLP
- 3) The Amendment attempts to change the mailing address for the LLLP and the address of the principal office of the LLLP
- 4) These erroneous changes were made without a signature of a current GP.

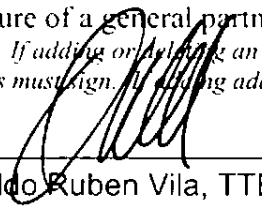
**FOURTH:** The false or erroneous information or defect is corrected as follows:

- 1) GPs are Osvaldo Ruben Vila, co-Trustee of the Jose M. Vila, Sr., Irrevocable Children's Trust Agreement #1 and #2 and Daniel Domingo Vila, co-Trustee of the Jose M. Vila, Sr., Irrevocable Children's Trust Agreement #1 and #2;
- 2) Principal Office / Mailing Address is 737 E. 52nd Street, Hialeah, FL 33013;
- 3) Registered Agent is: Northwest Registered Agent, LLC, 3030 N. Rocky Point Dr., Ste. 150-A, Tampa, FL 33607

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SECTION OF STATE  
TALLAHASSEE, FLORIDA

Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

  
\_\_\_\_\_  
Osvaldo Ruben Vila, TTEE

  
\_\_\_\_\_  
Daniel Domingo Vila, TTEE

Signature(s) of new general partner(s), if any:

\_\_\_\_\_  
NA

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
Signature of Registered Agent

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

Already Paid

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TALLAHASSEE, FLORIDA