

LS000100291

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B. BOSTICK

MAY 21 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Forwarding & Logistics, 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:

Claudio Riedi, Esq.

Name of Person

Lehtinen Schultz Riedi Catalano de la Fuente

Firm/Company

1111 Brickell Ave., #2200

Address

Miami, FL 33131

City/State and Zip Code

criedi@lsrcf.com

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

For further information concerning this matter, please call:

Claudio Riedi

305

760-8544

Name of Person

at ()

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

CR2E062 (2/14)

**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: American Forwarding & Logistics, LLC

SECOND: The Florida Document number of the limited liability company is: L05000100291

THIRD: Document to be corrected is:
Annual Report 2014

(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:

OR

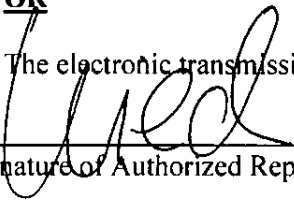
- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

electronic signature of Registered Agent: GABRIELE AWADA --- INCORRECT

signature of Registered Agent should be: CLAUDIO RIEDI --- CORRECT

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

5/8/2014

Date

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