

LD70000000789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

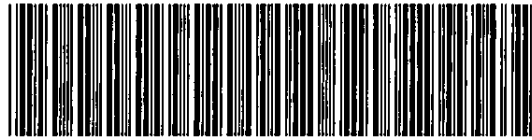
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 26 PM 4:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTIGUA TOURS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

DEAN W. BIRCH, ESQUIRE
(Name of Person)

GATLIN & BIRCH, P.A.
(Firm/Company)

620 TWIGGS STREET
(Address)

TAMPA, FL 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN W. BIRCH, ESQUIRE at (813) 229-8561
(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

CR2E062 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
ANTIGUA TOURS, LLC

SECOND: The articles of organization or the application to transact business

(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:

THE MAILING ADDRESS AND PRINCIPAL OFFICE ADDRESS IN PARAGRAPH 4

OF THE ARTICLES IS INCORRECT DUE TO A SCRIVNERS ERROR.

THE CORRECT MAILING ADDRESS AND PRINCIPAL OFFICE ADDRESS IS

744 LENOX AVENUE #3, MIAMI BEACH, FL 33139

OR



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

Dated:

January 17, 2007

Elizabeth Bell

Signature of a member or authorized representative of a member

ELIZABETH BRLL, PRESIDENT OF ANTIGUA TOURS, LLC

Typed or printed name of signee

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

CR2E062 (08/05)

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