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NAME:

BNB VENTURES PALM BEACH I, LLC

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**AUTHORIZATION:** 

ABBIE/PAUL HODGE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BNB Ventures Palm Beach I, 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:
Michael Roussis
Greenberg Training, PA Firm/Company
333 SE 2nd Ave
Miani, FL 33131  City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Roussis at 305 S79-7762  Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301
Enclosed is a check for the following amount:
□ \$25 Filing Fee Certificate of Status  □ \$30 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 s	ection 605.0209, F.S., this document is being submitted to correct a previously filed	l document.			
FIRST:	The name of the limited liability company is:  BNB Ventures Palm Beach I, LLC				
SECOND:	The Florida Document number of the limited liability company is: <u>L07000</u>	105939			
THIRD:	Document to be corrected is:				
	2015 Florida Limited Liability Company Annual Report	(८८१७७८528450)			
/ <u>(C</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	_			
	ins an incorrect statement. The incorrect statement, the reason the statement is incorted statement are as follows:	rrect, and the			
The	incorrect statement is that Ray Jaloudi is the Man	lager of			
	Ventures Palm Beach I, LLC.				
The	reason the Statement is incorrect and the corrected s	talement ave:			
Paul	Kanavos is the Manager of BNB Ventures Palm	Beach I, LLC			
<u>OR</u>	<u> </u>				
	efectively signed. The manner in which the document was defectively signed and t tion are as follows:	he appropriate			
<del></del>		ांश क			
MA					
OR The ele	ectronic transmission of the record was defective.	UL 22 MID ELASSEE, FLOSTA			
	1/16/15 D	<b>07</b>			
Signature	of Authorized Representative Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (2/14)