

LC9000108669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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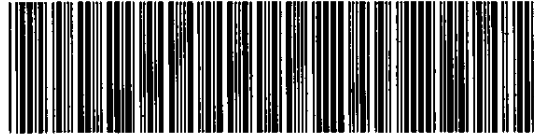
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
NOV 20 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fine Art Video Productions 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:

Richard D. Bennette

Name of Person

Fine Art Video Productions LLC

Firm/Company

308 Tequesta Dr Ste 7

Address

Tequesta, FL 33469

City/State and Zip Code

fineartvideo@gmail.com

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

For further information concerning this matter, please call:

Richard D Bennette

Name of Person

at (561) 747-8199

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

**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:
Fine Art Video Productions 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:

Manager / Member Detail reads "NONE". Manager should be:

Correction:

Richard D. Bennette

308 Tequesta Dr Ste 7

Tequesta, FL 33469

OR



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

Dated: 16 NOV, 2009

Richard D Bennette

Signature of a member or authorized representative of a member

Richard D Bennette

Typed or printed name of signee

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

FILED
09 NOV 19 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA