5612968430

PAGE 01/02

Division of Corporations

## 0000246

https://efile.sunbiz.org/scripts/efileovr.exc

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002814183)))



H170002814183ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEPHANT PUBLISHING, LLC

0
0
02
\$25.00

COT 2 8 217

Electronic Filing Menu

Corporate Filing Menu

4,2

Help

: ;

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605.0209, F.S., this document is being submitted to correct a previously filed document.  ELEPHANT PUBLISHING, LLC	
<u>FIRST</u>	The n	name of the limited liability company is:	
		L10000024674	
SECO:	<u>ND:</u>	The Florida Document number of the limited liability company is:  2011 Annual Report filed 01/31/2011	
<u>THIRI</u>	_	Document to be corrected is:	
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected	
	Dar	niel Eilemberg was listed as Managing Member, which was inaccurate.	
	Sur	mmit Press, LLC, was the Managing Member with an address of 311 Lincoln	
	Rd,	I, Office 202, Miami, FL 33139.	
	OR		
	***	s defectively signed. The manner in which the document was defectively signed and the appropriate correction are	
	was as fo	s defectively signed. The mainter is	
		SSS 2	
			:
	OR		î"
		the electronic transmission of the record was defective.	Ť
	_	Date	
		Signature of Authorized Representative	,
Sign: nccep	ature of oting th	of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign the designation).	•
I her prov oblis refle	eby ac	stered Agent's Signature, if changing Registered Agent: eccpt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere, s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere, s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mere s of my position as registered agent as provided for in this capacity. I further agent agent filed to mere s of my position as registered agent as provided for in this capacity. I further agent filed to mere s of my position as registered agent as provided for in this capacity and it is a further filed fi	ly 1g
		Registered Agent's Signature	
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	