

L100000120907

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12/03/10--01008--002 **25.00

Effective Date 12-1-10

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2010 DEC -3 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 6 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gig247
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:

Debra Hendry
Name of Person

Gig247 L1 0000 120907
Firm/Company

3007 Nela Ave
Address

Orlando, FL 32809
City/State and Zip Code

debrahendry@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Hendry at (407) 421-0358
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

Gig 247 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:

Please make effective date 12/1/10
instead of 1/1/11

OR



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

Dated: 11/29/10

Debra Hendry
Signature of a member or authorized representative of a member

Debra Hendry
Typed or printed name of signer

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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