

L11000050507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

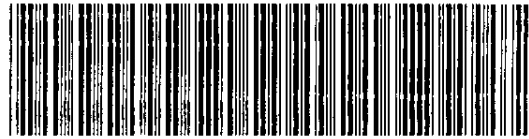
(Business Entity Name)

(Document Number)

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11 MAY 12 AM 10:18
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 16 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I DANZE 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:

DARIN MOSS

Name of Person

I DANZE LLC

Firm/Company

8865 Commodity Cir Suite 8

Address

Orlando FL 32819

City/State and Zip Code

dmoss10992@yahoo.com

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

For further information concerning this matter, please call:

DARIN MOSS

Name of Person

at (407)

929-9503

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11 MAY 12 AM 10:48

FILED

**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.

L11000050507

FIRST: The name of the limited liability company is:

I DANZE 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:

Principal address

Wrong Zip Code Filed : "33819"

correct address : (8865 commodity cir Suite 8)
Orlando FL 32819

mailing address

OR missing a number : "Not 222"

correct # (22250 Stillington St)
Orlando FL 32835



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

Dated: _____

5/6, 2011

Dan

Signature of a member or authorized representative of a member

DARIN MASS

Typed or printed name of signee

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

FILED
11 MAY 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA