

L120000049487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moana Tiki Bae & Grill, 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:

Masi Toafili  
Name of Person

4955 93rd Ave.  
Firm/Company  
Address

Pinellas Park, FL 33782  
City/State and Zip Code

LMVCO@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Masi Toafili at 727 906-7184  
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

**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:  
Moana Tiki Bar & Grill, 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:

We failed to add the owner; Mosi Toafili  
as Managing Partner. Only Listed Lorraine  
Vincenty (MGR). Add Mosi Toafili as Managing  
OR Partner (MGRM).



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

Dated: 4/17/2011

Signature of a member or authorized representative of a member

Mosi Toafili

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 20 PM 3:17

FILED