

L12000058611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

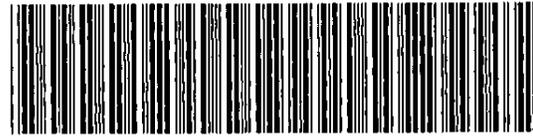
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK
JUN - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNPRECEDENTED CLASSIC 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:

Edward Stahlin
Name of Person

Direct Incorporation
Firm/Company

123 N Ashley St STE 123
Address

Ann Arbor, MI 48104
City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Stahlin at (877) 281-6496
Name of Person Area Code & Daytime Telephone Number

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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:
UNPRECEDENTED CLASSIC LLC

L12000058611

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 view Attachment 1.

OR

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

Dated: _____

5-9-12



Signature of a member or authorized representative of a member

William Thomas Pisciotta, Member / Registered Agent

Typed or printed name of signee

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 18 PM 2:31

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**ATTACHMENT 1 TO ARTICLES OF CORRECTION
FOR UNPRECEDENTED CLASSIC LLC**

SECOND:

The articles of organization or the application to transact business contains an incorrect statement. The incorrect statements, the reason the statements are incorrect, and the corrected statements are as follows:

The incorrect statements were made in typographical errors.

The incorrect statements:

Article IV

The name and Florida street address of the registered agent is:

WILLIAM T PISCI
5790 STANDING OAKS LN
NAPLES, FL 34119 US

Article V

The name and address of managing members/mangers are:

Title MGRM	Title MGRM	Title MGRM
WILLIAM T PISCI	WILLIAM J PISCI	CAROLYN RAMBOSK
5790 STANDING OAKS LN	5790 STANDING OAKS LN	15537 VALLECAS LN
NAPLES, FL 34119 US	NAPLES, FL 34119 US	NAPLES, FL 34110 US

The corrected statements:

Article IV

The name and Florida street address of the registered agent is:

WILLIAM T PISCIOTTA
5790 STANDING OAKS LN
NAPLES, FL 34119 US

Article V

The name and address of managing members/mangers are:

Title MGRM	Title MGRM	Title MGRM
WILLIAM T PISCIOTTA	WILLIAM J PISCIOTTA	CAROLYN RAMBOSK
5790 STANDING OAKS LN	5790 STANDING OAKS LN	15537 VALLECAS LN
NAPLES, FL 34119 US	NAPLES, FL 34119 US	NAPLES, FL 34110 US

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: WILLIAM THOMAS PISCIOTTA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2012

EDWARD STAHLIN
DIRECT INCORPORATION
123 N. ASHLEY STREET, SUITE 123
ANN ARBOR, MI 48104

SUBJECT: UNPRECEDENTED CLASSIC LLC
Ref. Number: L12000058611

We have received your document for UNPRECEDENTED CLASSIC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00014833