

L12000058611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

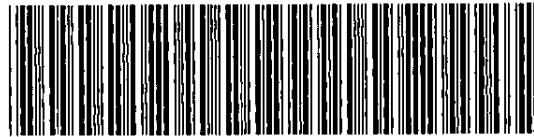
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Name of Person

at ( 877 )

281-6496

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

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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:  
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 Pisciotto, Member / Registered Agent  
\_\_\_\_\_  
Typed or printed name of signee

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

FILED  
12 MAY 18 PM 2:31  
TALLAHASSEE, FLORIDA

**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

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

FILED  
12 MAY 18 PM 2:32  
TALLAHASSEE, FLORIDA



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