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J. SAULSBERRY
EXAMINER

JUL 19 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gar Transport 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:

Oscar Garcia Barberis
Name of Person

Gar Transport LLC.
Firm/Company

3765 47th AVE. NE.
Address

Naples. FL. 34120
City/State and Zip Code

garcia3765@earthlink.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Oscar Garcia Barberis at (239) 438-8500
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: Gar Transport 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:

Correct members name:

Oscar Garcia Barberis

OR



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

Dated: 6/29/

2012

[Signature]
Signature of a member or authorized representative of a member

Oscar Garcia Barberis

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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