

L12000151481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

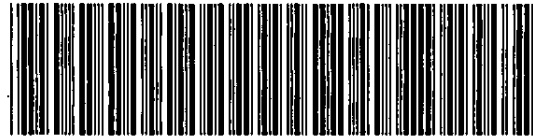
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EXAMINER



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12/18/12--01013--006 **30.00

FILED
12 DEC 18 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*F*EDELE & *V*IGO, PLLC
ATTORNEYS AT LAW

December 10, 2012

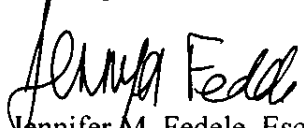
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: C Double L, LLC Articles of Correction

To Whom It May Concern:

Enclosed are the Articles of Correction and a check for thirty and no/100 dollars (\$30.00) for C Double L, LLC.

Best regards,


Jennifer M. Fedele, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C Double L, 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:

Jennifer Fedelle, Esq.
Name of Person

Fedelle & Vigo, PLLC
Firm/Company

6300 SW 113th Street
Address

Pinecrest, FL 33156
City/State and Zip Code

Chris.Morca@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Fedelle at (305) 407-6555
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:

C Double L, 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:
Currently the name of the member is
Christopher Llorca. Please remove this member
name. The member name should be "Christopher Llorca,
as Trustee, or his successors in trust, under the Christopher Llorca
Revocable Trust, and any amendments thereto."
OR

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

Dated: Dec. 10, 2012

Jenny Fedde
Signature of a member or authorized representative of a member

Jennifer Fedde, Esq.
Typed or printed name of signee

FILED
12 DEC 18 PM 12:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000151481
FILED 8:00 AM
December 04, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
C DOUBLE L, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13550 SW 57TH AVENUE
MIAMI, . US 33156

The mailing address of the Limited Liability Company is:
13550 SW 57TH AVENUE
MIAMI, . US 33156

Article III

The purpose for which this Limited Liability Company is organized is:
ANY LAWFUL PURPOSE INCLUDING BUT NOT LIMITED TO
SPECIFICALLY MANAGING AND INVESTING SHARES OF STOCK HELD
WITHIN THIS LLC.

Article IV

The name and Florida street address of the registered agent is:
CHRISTOPHER LLORCA
13550 SW 57TH AVENUE
MIAMI, FL. 33156

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: CHRISTOPHER LLORCA

Article V

The name and address of managing members/managers are:

Title: MGRM
CHRISTOPHER LLORCA
13550 SW 57TH AVENUE
MIAMI, FL. 33156

L12000151481
FILED 8:00 AM
December 04, 2012
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: CHRISTOPHER LLORCA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.