

L13000009736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB - 1 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW CHIA FOODS INTERNATIONAL 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:

DAVE RAMKISSOON
Name of Person

NEW CHIA FOODS INT LLC.
Firm/Company

11512 CHESTFIELD CT
Address

ORLANDO, F.L, 32837
City/State and Zip Code

DCCANDSPEC SERV @HOTMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE RAMKISSOON at (407) 405 8728
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E062 (08/05)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

13 JAN 31 AM 11:47

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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:

NEW CHA FOODS INTERNATIONAL LLC.

430000 09736

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:

HOMER HARTAGE AS A MANAGER. NOT A PART
OFF THIS LLC YET.
CORRECTION AS FOLLOWS.

DAVE RAMKISSOON MANAGER

GRACE RAMKISSOON MANAGER.

OR



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

Dated:

01.29.12.

Dave Ramkisson

Signature of a member or authorized representative of a member

DAVE RAMKISSOON.

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

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