

L13000037972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

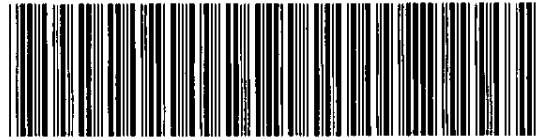
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B BOSTICK

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFARI TOPIA, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRE PARIENTE

Name of Person

SAFARI TOPIA, LLC

Firm/Company

2927 SHIPPING AVE #407

Address

MIAMI, FL 33133

City/State and Zip Code

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

For further information concerning this matter, please call:

ALEXANDRE PARIENTE

Name of Person

at (305)

Area Code

621-1000

Daytime Telephone Number

EXT. 113

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

CR2E062 (2/14)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: SAFARI TOPIA, LLC

SECOND: The Florida Document number of the limited liability company is: 213000037972

THIRD: Document to be corrected is:

ARTICLES OF ORGANIZATION

(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:

NAME SHOULD BE "SAFARITOPA, LLC"

- ALL ONE WORD.

OR

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

OR

- ☐ The electronic transmission of the record was defective.

V
Signature of Authorized Representative

V 6-12-2014
Date

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2014

ALEXANDRE PARIENTE
2927 SHIPPING AVENUE
MIAMI, FL 33133

SUBJECT: SAFARI TOPIA, LLC
Ref. Number: L13000037972

We have received your document for SAFARI TOPIA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 314A00009081

2014 APR 29 PM 3:11