

# L13000164031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

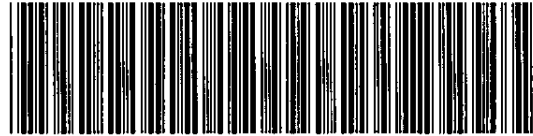
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 16 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINNACLE PERFORMANCE 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:

HAROLD BENJAMIN CPA

Name of Person

Firm/Company

5640 HOLLYWOOD BLVD

Address

HOLLYWOOD FL 33021

City/State and Zip Code

HLBCPA@AOL.COM

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

For further information concerning this matter, please call:

HAROLD BENJAMIN at 954 981-1040

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.

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**FIRST:** The name of the limited liability company is:  
PINNACLE PERFORMANCE 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:

INCORRECT SPELLING OF MEMBERS NAME: SALVADOR GIOINO

CORRECT SPELLING OF MEMBERS NAME: SALVATORE GIOINO

**OR**



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

Dated: DECEMBER 12, 2013



Signature of a member or authorized representative of a member

HAROLD BENJAMIN CPA - AUTHORIZED REPRESENTA

Typed or printed name of signee

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