

L 14000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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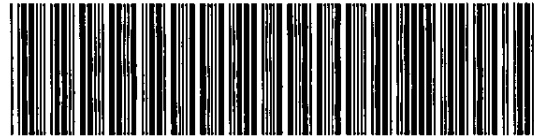
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVIANA PEREZ 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:

VIVIANA PEREZ
Name of Person

VIVIANA PEREZ LLC
Firm/Company

1099 S. CLARK RD
Address

DC0000 FL 34761
City/State and Zip Code

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

For further information concerning this matter, please call:

VIVIANA PEREZ at (321) 527 1901
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

CR2E062 (12/13)

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TALLAHASSEE, FLORIDA

**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:

Viviana Perez LLC

SECOND: Document to be corrected is: L14000000834

(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:

Authorized Person Detail was left blank
It needs to be corrected and filled
Title: MGRM PEREZ, VIVIANA
2204 BRIDGEWOOD TRL
ORLANDO FL 32818

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TALLAHASSEE FLORIDA

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 Perez
Signature of Authorized Representative

2/6/14
Date

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