U14000017680

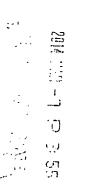
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B. BOSTICK
MAR 1 0 2014
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: EMVA LLC Name of Limited Liability Company
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 BALLERINI Name of Person
ALEXA-NORE BALLERINI P-A . Firm/Company
927 LINCOLN ROAD - SUITE 200 Address
MIAMI BEACH, FL, 33139 City/State and Zip Code
alex @ alex ballerini law. com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEXANDRE BALLERINI at (305) 507 9699 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status

CR2E062 (12/13)

29 € C1 L- U1 1102

STATMENT 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:		
	EMVA LLC		
SECON	De: Document to be corrected is:		
<u>((</u>	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT	
	Contains an incorrect statement. The incorrect statement, the reason the statement and the corrected statement are as follows:	t is incorrect,	
_	Authorized Person Detail Mar: Foodjon	95, S.L.	
_	Corrected MGR: Michel Riviere.		
	DR Was defectively signed. The manner in which the document was defectively sign	ed and the	
a	ppropriate correction are as follows:		
_			
<u>C</u>	<u>OR</u>		
Т	The electronic transmission of the record was defective. 2/28/14		
Signa	ature of Authorized Representative Date		

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (12/13)



February 21, 2014

ALEXANDRE BALLERINI 927 LINCOLN ROAD SUITE 200 MIAMI BEACH, FL 33139

SUBJECT: EMVA LLC

Ref. Number: L14000017680

We have received your document for EMVA LLC and your check(s) totaling \$35.00. 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

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Letter Number: 914A00004000

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