

L14 000017680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256754364

02/20/14--01007--008 **35.00

2014 MAR -7 10 35
BOSTICK

B. BOSTICK

MAR 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMVA 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 BALLERINI
Name of Person

ALEXANDRE BALLERINI P.A.
Firm/Company

927 LINCOLN ROAD - SUITE 200
Address

MIAMI BEACH, FL, 33139
City/State and Zip Code

alex@alexballeriniaw.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

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 |
|--|---|--|--|

2014 JUN -7 PM 3:55
CLERK OF COURT
JUL 1 2014

**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:

EMVA LLC

SECOND: Document to be corrected is:

L14000017680

(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 MGR: Foodjongs, S.L.

Corrected MGR: Michel Riviere.

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.

Signature of Authorized Representative

2/28/14
Date

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

Letter Number: 914A00004000

2014 FEB 27 10 35 AM
CLERK