

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	∋ #)
PICK-UP	MAIT WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officar	
Special instructions to F	lling Onicer.	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



000258978930

111.02 12 13:21

B. BOSTICK 'APR **2 5** 2014

EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Climbing 2 Da Top Virtual Call Center Name of Limited Liability Company	er, LLC
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:	
Carissa Williams Name of Person	
Climbing 2 Da Top Virtual Call center, LLC	_
2250 Jammes Rd Apt 8 Address	
Sacksonville Florida 30210 City/State and Zip Code	
Carissaudilliams 57@ gmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	2814
Carissa Williams at any 701-7950	
Name of Person Area Code Daytime Telephone Number	22
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	한 12 전 전 12
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status	

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. The name of the limited liability company is: Climbing 2Da Too Virtual Call Center FIRST: **SECOND:** The Florida Document number of the limited liability company is: Document to be corrected is: THIRD: name start's with Dof middle name. (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT V Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Middle name should be a letter D not an <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective.

Filing Fee:

\$25,00

Certified Copy:

\$30.00 (optional)

Signature of Authorized Representative