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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Oracle OFFile DeDign 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:		
Pierre A Delma Name of Person		
Firm/Company		
201 NW 124 St		
Address		
Migmi FL 33168		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	2014 APR	7
For further information concerning this matter, please call:	8	
Previe A Delma at 305, 316 1957	7	firecism)
Name of Person Area Code Daytime Telephone Number	9: 52	ار <sub>د هدا</sub> یه
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55 Filing Fee & Certified Copy} \$\ \text{Certified Copy} \text{Certified Copy} \$\ \text{Certified Copy}		

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.

FIRST	<u>.</u> ;	The name of the limited liability company is: Oracle OFFice
	-	DeDign LLC
<u>SECO</u>	COND: The Florida Document number of the limited liability company is: 140000	
THIR		Document to be corrected is:  Ovacle Office DeDign LLC
Ø	Contain correcte	s an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the d statement are as follows:  NPANY Name Showing in Sunbiz:  Vacle Office DeDign LLC
	Sho	uld be Corrected To: Dracle Office DeSign LLC
		fectively signed. The manner in which the document was defectively signed and the appropriate on are as follows:  APR 8 9: 52
	<u>OR</u>	
	The elec	Ctronic transmission of the record was defective.  4-16-14
Sig	nature o	Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)