

L 14000060840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

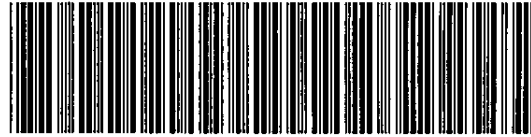
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TALLAHASSEE, FLORIDA

2014 APR 21 10:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRINALUC
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:

Cristian P. Cardenas
Name of Person

Firm/Company
1701 W Flagler St Ste 330
Address

Miami FL 33135
City/State and Zip Code

C@CRISTIANCARDENAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN CARDENAS at (305) 510-1679
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

**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: CRIMA LLC

SECOND: The Florida Document number of the limited liability company is: L14000060840

THIRD: Document to be corrected is:
EFFECTIVE DATE

(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:

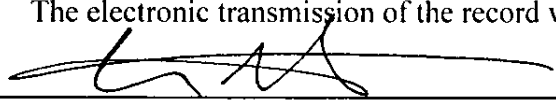
WRONG EFFECTIVE DATE
NEW EFFECTIVE DATE SHOULD BE 04/14/2014
THIS IS THE CORRECT EFFECTIVE DATE:
04/14/2014

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

04/15/14
Date

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