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(City/State/Zip/Phone #)

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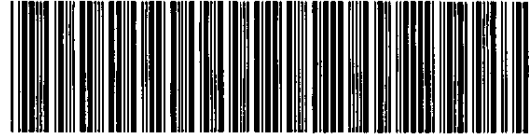
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFIT OUTFIT "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:

ROBINSON JAVIER
Name of Person

INFIT OUTFIT "LLC."
Firm/Company

255 EVERNIA STREET #908
Address

WEST PALM BEACH FL 33401
City/State and Zip Code

INTHESTINE@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBINSON JAVIER at (561) 5417028
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: INFIT OUTFIT "LLC."

SECOND: The Florida Document number of the limited liability company is: L 14000070946

THIRD: Document to be corrected is:
INFIT OUTFIT "LLC." / TO INFIT OUTFIT "LLC."

(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:

THE DOCUMENT WAS FILE UNDER THE NAME
OF "INFIT OUTFIT "LLC."

THE DOCUMENT NEED TO BE CORRECTED AS FOLLOWS:
INFIT OUTFIT "LLC."

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.

ROBINSON TAVIER
Signature of Authorized Representative

5-15-14
Date

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

FILED
14 MAY 21 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA