

L140000096228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

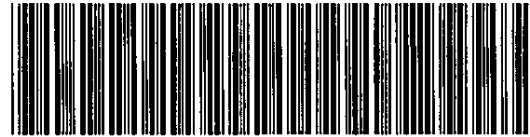
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AUG 06 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PILIN FLEET MANAGEMENT (FLORIDA), 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:

Karen Aiazzi

Name of Person

Processing Department

Firm/Company

5190 Neil Road Suite 430

Address

Reno, NV 89502

City/State and Zip Code

processingdepartment@nchinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing Department

800

638-2320

Name of Person

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2014

CSC
PROCESSING DEPT.
5190 NEIL RD, STE. 430
RENO, NV 89502

SUBJECT: PILIN FLEET MANAGEMENT (FLORIDA), LLC
Ref. Number: L14000096228

We have received your document for PILIN FLEET MANAGEMENT (FLORIDA), 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 514A00015364

**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: _____
PILIN FLEET MANAGEMENT (FLORIDA), LLC

SECOND: The Florida Document number of the limited liability company is: L14000096228

THIRD: Document to be corrected is:
Florida Limited Liability Company - Articles of Organization

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:

Article II - Principal Office Address and Mailing Address incorrectly lists:

4770 Biscayne Boulevard Suite 800 Miami, FL US 33137

Article II - Principal Office Address and Mailing Address should correctly lists:

571 SW 178th Way Pembroke Pines, FL US 33029

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

July 28, 2014

Date

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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