

L14000107105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

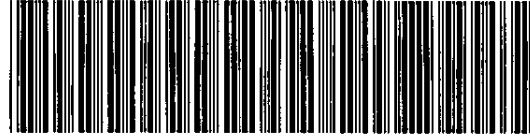
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR -6 PM 3:00

FILED

MAR 25 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WQUATRO, 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:

WAGNER DE ALMEIDA

Name of Person

W4QUATRO, LLC

Firm/Company

2295 S. HIAWASSEE RD SUITE 407C

Address

ORLANDO - FLORIDA 32835

City/State and Zip Code

CREATRIX@CFR.RR.COM

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

For further information concerning this matter, please call:

ANGELA MACK

407

403-3339

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

**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: WQUATRO, LLC

SECOND: The Florida Document number of the limited liability company is: L14000107105

THIRD: Document to be corrected is:
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:

OR

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The correct name: Signature of Member or an authorized representative is:

Wagner de Almeida

OR

☐ The electronic transmission of the record was defective.

Almeida
Signature of Authorized Representative

01/23/2015
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR -6 PM 3:00

FILED

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