

L14000110832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

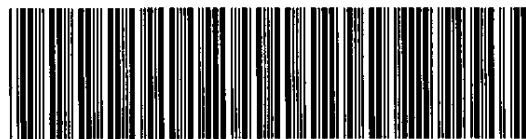
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262356480

08/01/14--01017--012 **25.00

FILED
14 AUG - 1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG - 1 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Price Travel, 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:

Mendy Solorzano

Name of Person

Best Price Travel, LLC

Firm/Company

102 SW Glenwood Dr

Address

Port St Lucie, FL 34984

City/State and Zip Code

mendy.solorzano@avoyatravel.com

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

For further information concerning this matter, please call:

Mendy Solorzano

at (772)

873-9789

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: Best Price Travel, LLC

SECOND: The Florida Document number of the limited liability company is: L14000110832

THIRD: Document to be corrected is:
Correcting Managing Members

(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:

Mendy Solorzano title should read as AMBR and not as OWNER

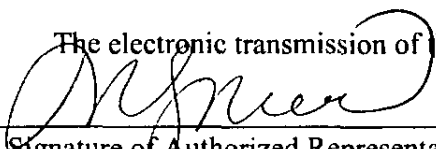
Gerardo Solorzano title should be removed from business completely

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

07/29/2014

Date

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

FILED
14 AUG - 1 PM 1:45
CLERK OF STATE
TALLAHASSEE, FLORIDA