

L14000126266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

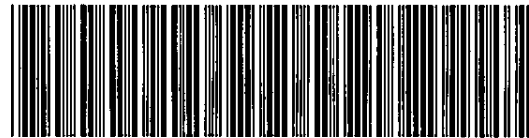
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L. BRUCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Runas Peruvian Cuisine, 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:

TONY DOMINGUEZ
Name of Person

RUNAS PERUVIAN CUISINE, LLC.
Firm/Company

219 N. 21 AVE
Address

Hollywood FL 33020
City/State and Zip Code

TDZ1980@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY DOMINGUEZ at (305) 772-1710
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

CR2E062 (2/14)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

**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: RUNAS PERUVIAN
CUISINE

SECOND: The Florida Document number of the limited liability company is: L14000126266

THIRD: Document to be corrected is:
OWNER'S NAME

(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:

REGISTER AGENT LAST NAME IS INCORRECT, AUTHORIZED
PERSON LAST NAME IS INCORRECT.

REGISTER AGENT LAST NAME IS DOMINGUEZ.

AUTHORIZED PERSON LAST NAME IS DOMINGUEZ.

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.

Tom Dominguez
Signature of Authorized Representative

09-03-14
Date

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

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TALLAHASSEE FLORIDA