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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 4 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Globalvcard Spend Secure 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:

Lynn Giachetti

Name of Person

Globalvcard Spend Secure LLC

Firm/Company

3301 Bonita Beach Road, #300

Address

Bonita Springs, FL 34134

City/State and Zip Code

lgiachetti@csiglobalvcard.com

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

For further information concerning this matter, please call:

Lynn Giachetti

Name of Person

at (239) 676-7802

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 (12/13)

2014 AUG 27 P 4:58
OFFICE OF THE
CLERK OF THE
STATE
FLORIDA

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**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:

Globalvcard Spend Secure LLC

L/4-131805

SECOND: Document to be corrected is:

Globalvcard Secure Spend 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 name was transposed. The correct name is

Globalvcard Spend Secure LLC

also the single member is a corporation:

CSI Enterprises, Inc. (originally was Keith Stone)

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.

Lynn Giachetti 8/22/2014

Signature of Authorized Representative

Lynn Giachetti 8/22/2014
Date

FILED
2014 AUG 21 PM 4:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

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