

L14000148597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT - 3 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 111 S.W. 5th Avenue, L.L.C.

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:

Gary Corvino

Name of Person

111 S.W. 5th Avenue, L.L.C.

Firm/Company

800 Jeffrey St, #201

Address

Boca Raton, Fl 33487

City/State and Zip Code

garycorvino@gmail.com

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

For further information concerning this matter, please call:

Gary Corvino

561

702-8871

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: 111 S.W. 5th Avenue, L.L.C.

**SECOND:** The Florida Document number of the limited liability company is: L14000148597

**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:

Gary Corvino was marked off incorrectly as "MGR" Manager by mistake, please  
correct to "MGRM" Managing Member.

**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.

Gary Corvino  
Signature of Authorized Representative

9/25/14  
Date

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