

L14000150482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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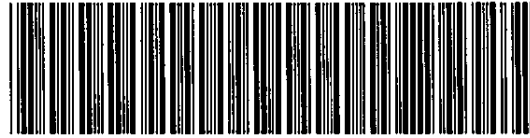
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 14 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM MVP REALTY, 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:

Alexander M Alfonso
Name of Person

TEAM MVP REALTY
Firm/Company

13124 SW 112 CT
Address

MIAMI, FL 33176
City/State and Zip Code

alex@teammvprealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander M. Alfonso at (305) 302 8550
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

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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: TEAM MVP REALTY, LLC

SECOND: The Florida Document number of the limited liability company is: L14000150482

THIRD: Document to be corrected is:

TEAM MVP REALTY, 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 3rd word REALITY needs to be Realty
(REAL ESTATE COMPANY)

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

10/1/2014
Date

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