

L14000159842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

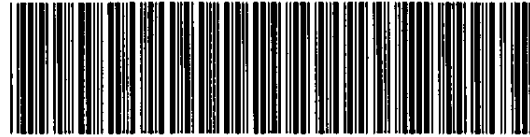
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265401898

10/22/14--01015--008 **30.00

FILED

2014 OCT 22 A 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. POSTICK

OCT 24 2014

EX-10117

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W&B WIT Investment 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:

Thomas Walser
Name of Person

Walser Law Firm
Firm/Company

4800 N. Federal Hwy
Address

Boca Raton, FL 33431
City/State and Zip Code

rickeys wings@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Walser at (561) 750-1040
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2914 OCT 22 A 11:16

FILED

**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: W & B WIT Investment LLC

SECOND: The Florida Document number of the limited liability company is: L14000159842

THIRD: Document to be corrected is:
Electronic Articles of Organization for Florida 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 of the Registered Agent is "Karen L. Harrington."

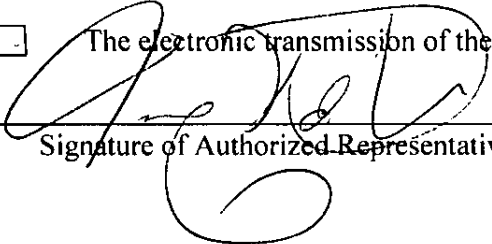
The "ton" at the end of the last name was cut off.

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

10/20/14
Date

**Filing Fee:
Certified Copy:**

**\$25.00
\$30.00 (optional)**

SECRETARY OF STATE
FLORIDA

2014 OCT 23 AM 11:16

FILED