## L14000173649

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## COVER LETTER

TO: Registration Division of	n Section Corporations				
0075	LLC	٠			
SUBJECT:		Name of Limited	Liability Company		
Dear Sir or Madam:					
The enclosed Statem	nent of Correction and fee(s):	are submitted for	filing.		
Please return all cor	respondence concerning this i	natter to the follo	owing:		
Ira Libanoff					
	Name of Person		- <del></del>		
0075 LLC					
·	Firm/Company				
150 South Pine	e Island Road Suite 40	0		,	
	Address		_ <del></del>		
Fort Lauderdal	le. Florida 33324				
	City/State and Zip Code				
ilibanoff@flblav	wyers.com				
E-mail address	s: (to be used for future annua	l report notificat	ion)		
	tion concerning this matter, pl				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ira Libanoff		954 at (	474-8080 )		814 (C) 178
N	ame of Person	Area	Code Daytime Tele	ephone Number	1887 1888
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassec, Flor	tion orations	PHI2: 02 YOF STAIL EEL FLORIEN
Enclosed is a check	k for the following amount:				
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing For Certified Co		of Status &	
CR2E062 (2/14)					

## 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. The name of the limited liability company is: \_\_\_\_\_ FIRST: 14000173649 The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: THIRD: **DETAIL BY ENTITY NAME** (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect-Mr. Vincent Persiani Title AMBR Mr. Vincent Persiani Tile should be MGM instead of AMBR Corrected- Mr. Vincent Persiani Title MGM <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative Date

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)