

L14000181562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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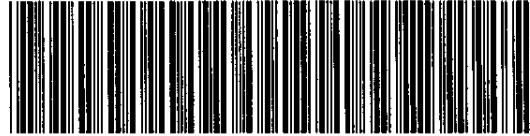
(Business Entity Name)

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S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISTVENCOLL GROUP, 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:

JOSE SUAREZ

Name of Person

Firm/Company

8225 NW 116 AVE

Address

DORAL, FLORIDA 33178

City/State and Zip Code

distvencoll@distvencollgroup.com

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

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15 FEB 13 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSE SUAREZ

786

301-9392

Name of Person

at ( )

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)

**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: DISTVENCOLL GROUP, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000181562

**THIRD:** Document to be corrected is:  
The 2015 Annual Report for Distvencoll Group, 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:

There is a typographical error in address and e-mail. Current Principal Place of

Business should read: 9619 NW 33 St., Office 1-A, Doral, Fl. 33172 and

Contact E-mail should read: distvencoll@distvencollgroup.com

**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

01/26/2015

Date

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