

L 14000186079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

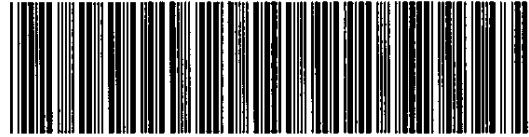
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER
DEC 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISION WORKS MGMT 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:

LUNG, KEONG
Name of Person

VISION WORKS MGMT LLC
Firm/Company

90 438 Country Club Rd.
Address

OLDSMAR, FL 34677
City/State and Zip Code

power.rst@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUNG, KEONG at (813) 891-1657
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ~~Vision Works MGMT LLC~~
VISION WORKS MGMT LLC

SECOND: The Florida Document number of the limited liability company is: L14000186079

THIRD: Document to be corrected is:
~~Done Filed~~ Effective Date - Incorrect - 1/1/2015

(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:

Effective date should be 1/1/2015.
Not 12/1/14.

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]
Signature of Authorized Representative

12/15/2014
Date

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