

L14000194020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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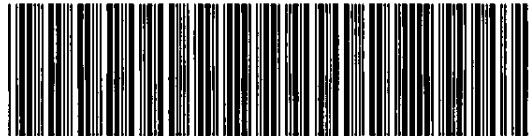
(Business Entity Name)

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DIVISION OF CORPORATIONS
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CL
1-20-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Web Management 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:

Grant Weiss

Name of Person

Premier Web Management LLC

Firm/Company

12413 Equine Lane

Address

Wellington, Florida 33414

City/State and Zip Code

grantgweiss@gmail.com

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

For further information concerning this matter, please call:

Grant Weiss at (561) 262-5408
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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DIVISION OF CORPORATIONS

15 JAN -5 AM 8:29

**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: Premier Web Management LLC

SECOND: The Florida Document number of the limited liability company is: L14000194020

THIRD: Document to be corrected is:
L14000194020

(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:

Incorrect Statement: Title AMBR

DAVID L 3208 POMEROL DR. #207, WELLINGTON, FL 33414 UN

Reason Incorrect: Not a Authorized Member

Correct Statment: (Member Removed)

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

12/30/14

Date

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