

L15 0000 04646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

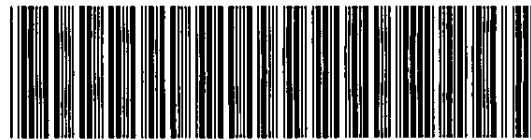
(Business Entity Name)

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15 JAN 22 PM 1:34
TALLAHASSEE, FLORIDA

RECEIVED FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TATU FAMILY 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:

MARCO ANTONIO PEREIRA
Name of Person

TATU FAMILY
Firm/Company

2295 S HIAWASSEE RD STE 407
Address

ORLANDO FL 32835
City/State and Zip Code

CREATRIX@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK at (407) 40333398
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**

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: TATU FAMILY LLC

SECOND: The Florida Document number of the limited liability company is: L15000004646

THIRD: Document to be corrected is:
NAME OF AUTHORIZED PERSON DETAIL

(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 AUTHORIZED PERSON WAS INCORRECTLY TYPED PLEASE

CORRECT AS FOLLOWS:

JOSIMERY PEREIRA DE MORAES LIMA

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.

Josimery Pereira de Moraes Lima 01/14/2015
Signature of Authorized Representative Date

15 JAN 22 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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