

L15000019806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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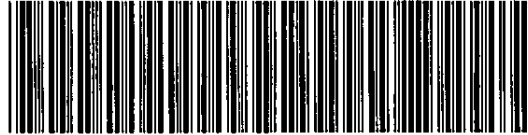
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grid Energy Supply 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:

Virgilio Acosta

Name of Person

Grid Energy Supply LLC

Firm/Company

10760 NW 82nd Ter Unit 9

Address

Doral / FL / 33178

City/State and Zip Code

info@gridenergysupply.com

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

For further information concerning this matter, please call:

Virgilio Acosta

954

6383210

at ()

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

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: Grid Energy Supply LLC

SECOND: The Florida Document number of the limited liability company is: L15000019806

THIRD: Document to be corrected is:
~~Authorized Person(s) Detail~~ Articles of organization

(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:

Title: MGB

Virgilio, Acosta V (Incorrect)

Title: AMBR

Acosta, Virgilio J (Corrected)

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.

Virgilio Acosta
Signature of Authorized Representative

02/10/2015
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 18 AM 11:45

FILED

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