## U50000 22496

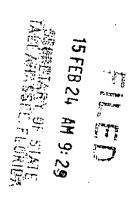
(Re	questor's Name)	<u> </u>
·	,	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
. (Do	cument Number)	
(000	zament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
!		

Office Use Only



800269712518

02/24/15--01018--015 \*\*25.00



J. STAVERS MAR 0 5 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations	·			
SUBJECT: WONCA	Traspon Name of L	4, 11C imited Liability C	ompany	
Dear Sir or Madam:				
The enclosed Statement of Correction	n and fee(s) are submit	ted for filing.		
Please return all correspondence con	cerning this matter to the	ne following:		
David Lopez Name of P  David Sprim/Com	erson			
3210 36th Ave /				
Saint Perfens Bung City/State and		<u>/3</u>	· :	
d/_ air 3 @ 1  E-mail address: (to be used for	19 1000 COM	utification)		
For further information concerning this matter, please call:				
David Lovez	at (_	/8 /	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAI Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the following amount:				
\$25 Filing Fee \$30 Filing Certificate		ed 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. The name of the limited liability company is: 110000 FIRST: The Florida Document number of the limited liability company is: L15000022490 **SECOND:** Document to be corrected is: THIRD: Article I, name of company (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the П corrected statement are as follows: <u>OR</u> 口 Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: the company will <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)