

LS 0000 22490

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAR 05 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wonca Transport, 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:

David Lopez
Name of Person

David Lopez
Firm/Company

3210 36th Ave N
Address

Saint Petersburg FL 33713
City/State and Zip Code

dl - air3@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lopez at (787) 638-2265
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: Wonka Transport, LLC

SECOND: The Florida Document number of the limited liability company is: L15000022490

THIRD: Document to be corrected is:
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 corrected statement are as follows:

OR

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Correct name of the company will be:
Wonka Transport, LLC
Please change a "c" for a "k" and add an
"N" in second name.

OR

☐ The electronic transmission of the record was defective.

David Lopez

Signature of Authorized Representative

2/21/2015

Date

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