

L15 000052029

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TALLAHASSEE, FLORIDA

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APR 22 2014
C. CARROTHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jerico 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:

VALIERI BERETTA-MELLEY
Name of Person

Firm/Company

5242 SW 38th AVE

Address

HOLLYWOOD, FL 33312

City/State and Zip Code

VAL_BERET@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALIERI BERETTA-MELLEY at (305) 305-0056
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: JERICO LLC

SECOND: The Florida Document number of the limited liability company is: L1500002029

THIRD: Document to be corrected is:

(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:

OLMEDA, BERTHA M - TYPO

CORRECT NAME: BERTHA MARQUEZ REATEGUI DE OLMEDO

OLMEDA, CARLOS: TYPO

CORRECT NAME: CARLOS OLMEDO

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]
Signature of Authorized Representative

3/30/15
Date

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