

L15000034497

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2015 MAY -8 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

DIONIS PERDOMO LLC

SUBJECT:

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:

Dionis Perdomo

Name of Person

Dionis Perdomo LLC

Firm/Company

10136 Oak Meadow Lane

Address

Lake Worth, FL 33449

City/State and Zip Code

dionisrealestate@yahoo.com

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

For further information concerning this matter, please call:

Dionis Perdomo

561

Area Code

667-5430

Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

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STATEMENT OF CORRECTION
FOR

2015 MAY -8 PM 4: 09

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DIONIS PERDOMO LLC

SECOND: The Florida Document number of the limited liability company is: L15000054497

THIRD: Document to be corrected is:
Title Mgr Perdomo, Dionis

(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:

Was a Typo error under Authorized Person Detail, Title MGR Perdomo Dionis

is the correct name

also the registered agent is Irene Gray please correct

is I Rene Gray

Correct Name

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.

Dionis Perdomo
Signature of Authorized Representative

4/23/2015

Date

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