

L1500055377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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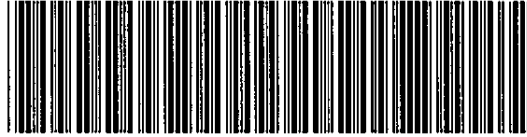
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers APR 21 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EASY EXPRESS SOLUTION

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:

LOMENA CARLOS A

Name of Person

Firm/Company

7981 NW 68TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

LOMENA.C@GMAIL.COM

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

For further information concerning this matter, please call:

FELIX ARRIBAS

786

973-3667

Name of Person

at ( )

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: EASY EXPRESS SOLUTION

**SECOND:** The Florida Document number of the limited liability company is: L15000055333

**THIRD:** Document to be corrected is:  
AUTHORIZED PERSON NAME

**(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:

THE AUTHORIZED PERSON NAME WAS LOMENA CARLOS C SR AND ITS

INCORRECT

THE CORRECT NAME IS LOMENA CARLOS A

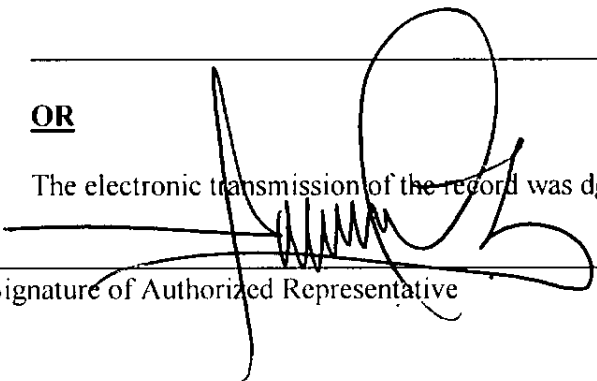
**OR**

- ☐ 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 of Authorized Representative

04/02/2015

Date

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

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