

L15000056528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 21 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A V B Truck 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:

Arrel Valdes Bermudez
Name of Person

A V B Truck LLC
Firm/Company

6922 Longmeade Lane
Address

Orlando FL 32822
City/State and Zip Code

a.valdesbermudez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arrel Valdes Bermudez at (321) 945-1409
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

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TALLAHASSEE, FLORIDA

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**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: AVB Truck LLC

SECOND: The Florida Document number of the limited liability company is: L15000056528

THIRD: Document to be corrected is:

Correct name of AMBR

(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:

Correct name of AMBR from:
Valdes Rodriguez, Alberto
to: Valdes Rodriguez, Alberto

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

02/15/15
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)