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SECRETARY OF STATE
ITALY AMEMBASSY
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Cars & Trucks 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:

Yakup Akkas

Name of Person

Firm/Company

12719 N Florida Avenue

Address

Tampa, FL 33612

City/State and Zip Code

carisma1736@gmail.com

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

For further information concerning this matter, please call:

Yakup Akkas

813

363-2557

at (_____) _____

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: Prime Cars & Trucks LLC

SECOND: The Florida Document number of the limited liability company is: L14000102447

THIRD: Document to be corrected is:
Articles of Incorporation

(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:

1. Please remove Halit Turan as the registered agent and manager.
2. Add mgr: Sedat Senturk 7620 Mariners Harbour Dr, Wesley Chapel, FL 33545
3. Please change registered agent to: Yakup Akkas (same address)
4. Please change address: 12719 N Florida Avenue, Tampa, FL 33612

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

Date

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