

L15 000073311

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 MAY 15 AM 9:59

MAY 21 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adon Visions 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:

Allen R. Adon Jr.

Name of Person

Adon Visions LLC.

Firm/Company

125 Pennsylvania Ave.

Address

Palm harbor, FL 34683

City/State and Zip Code

allen@strikingcommunications.com

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

For further information concerning this matter, please call:

Allen Adon Jr.

202

491-3662

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

CR2E062 (2/14)

**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: Adon Visions LLC.

SECOND: The Florida Document number of the limited liability company is: L15000073311

THIRD: Document to be corrected is:
L15000073311

(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:

Allen Richard Adon Jr. was unintentionally omitted from the list of managers.

Please add, Allen Richard Adon Jr.

125 Pennsylvania Ave. Palm Harbor, FL 34683

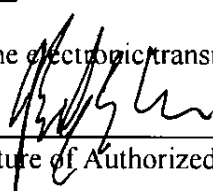
to the list of managers for Adon Visions LLC.

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

5/11/15
Date

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

15 MAY 15 AM 9:53

RECEIVED

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