

L15000 107311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

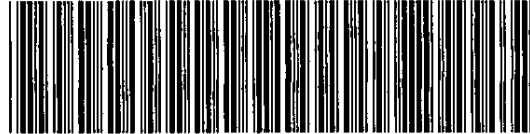
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800274076858

06/18/15--01018--002 **25.00

FILED
15 JUN 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE DIAMOND FREIGHT 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:

BRIAN VILLANUEVA

Name of Person

BLUE DIAMOND FREIGHT LLC

Firm/Company

7950 NW 53 ST STE 337

Address

MIAMI, FL 33166

City/State and Zip Code

CARRIERLOGISTICSEXPRESS@YAHOO.COM

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

For further information concerning this matter, please call:

BRIAN VILLANUEVA

786

5561510

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

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: BLUE DIAMOND FREIGHT LLC

SECOND: The Florida Document number of the limited liability company is: L15000103311

THIRD: Document to be corrected is:
L15000103311

(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:

EFFECTIVE DATE SHOULD BE 06/12/2015

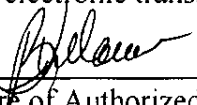
FILED
15 JUN 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

06/16/2015

Date

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