

LIS000120870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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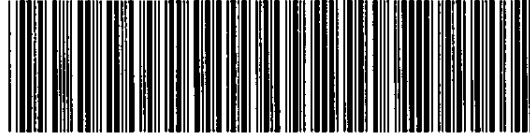
(Business Entity Name)

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TALLAHASSEE, FLORIDA

N. Culligan JUL 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Travel and Tours Group Usa, 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.

Pablo Alonso

Name of Person

International Travel and Tours Group Usa, LLC

Firm/Company

19778 East Country Club Drive

Address

Aventura/ Florida 33180

City/State and Zip Code

pppalonso@gmail.com

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

For further information concerning this matter, please call:

Pablo Alonso

305

2991707

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: International Travel and Tours Group Us

SECOND: The Florida Document number of the limited liability company is: L15000120870

THIRD: Document to be corrected is:
1) Name of Registered Name & Address, 2) Authorized Person Detail

(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:

Pablo A Alonso

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

July 20th 2015

Date

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)