

8/11/2015

L15000134066

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FLORIDIAN TITLE GROUP, INC.  
Account Number : I20110000009  
Phone : (305)792-4911  
Fax Number : (954)337-3763

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: PARDO, Lorena @ Gmail. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KILOMETER ZERO, LLC

Certificate of Status	0
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Page Count	02
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KILOMETER ZERO, 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:

**LORENA PARDO**

Name of Person

Firm/Company

**20801 BISCAYNE BLVD SUITE 306**

Address

**AVENTURA, FL 33180**

City/State and Zip Code

**PARDO.LORENA@GMAIL.COM**

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

For further information concerning this matter, please call:

**LORENA PARDO**

**305**

**7924911**

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)

H150001938983

**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: KILOMETER ZERO, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000134066

**THIRD:** Document to be corrected is:

**(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:

THE CORRECT MAILING, PRINCIPAL, REGISTERED AGENT AND ALL OF

AMBR ADDRESS SHOULD BE:

3901 S. OCEAN DRIVE UNIT 6R

HOLLYWOOD, FL 33019

**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

8/11/15

Filing Fee:  
Certified Copy:

\$25.00  
\$30.00 (optional)

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