

L15000 159500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

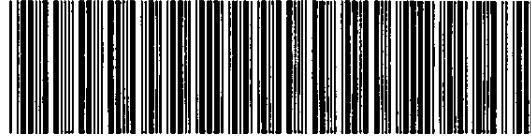
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT 23 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

J SHIVERS

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

amy snook
po box 3432
lantana, FL 33465

SUBJECT: ALLERION TITLE LLC
Ref. Number: L15000159500

We have received your document for ALLERION TITLE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00021739

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLERION TITLE LLC

Name of Corporation

DOCUMENT NUMBER: L15000159500

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Stark Snook

Name of Contact Person

A.B.S. Florida Title, Inc.

Firm/Company

P.O. Box 3432

Address

Lantana, FL 33465

City/State and Zip Code

amy@americanfidelitytitle.com

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

For further information concerning this matter, please call:

Amy Stark Snook

Name of Contact Person

at (**954**) **445-4545**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 23 PM 2:49

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**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: ALLERION TITLE LLC

SECOND: The Florida Document number of the limited liability company is: L15000159500

THIRD: Document to be corrected is: SUNBIZ CORP POSTING ON LINE / SUNBIZ APPLICATION

(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 MANAGERS TITLE WAS ERRONEOUSLY ENTERED
AS FLORIA TITLE INC WHEN IT SHOULD BE
FLORIDA TITLE INC (THE 'D' WAS MISSING
IN 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

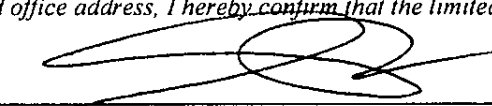
Date

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Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Registered Agent's Signature

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