

L15000161297

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

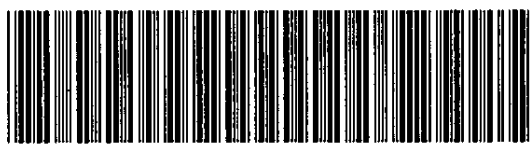
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
wrong form  
fee dup

Office Use Only



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10/05/15--01023--005    \*\*43.75

10/23/15--01003--001    \*\*11.25

FILED  
2015 OCT 22 A 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 23 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2015

ANA K. HURTADO-VILLASENOR  
3258 NW 102ND PLACE  
DORAL, FL 33172

SUBJECT: ANIINA, LLC  
Ref. Number: L15000161297

We have received your document for ANIINA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$11.25.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 415A00021373

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aniina 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:

Ana K. Hortado-Villasenor  
Name of Person

\_\_\_\_\_  
Firm/Company

3258 NW 102nd PL  
Address

Doral, FL 33172  
City/State and Zip Code

GALVAREZ@ACCREDITEDUSA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana K Hortado-Villasenor at ( 786 ) 972 4092  
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

**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: Aniina LLC

**SECOND:** The Florida Document number of the limited liability company is: L15 000 161297

**THIRD:** Document to be corrected is: Articles of Organization for Florida Limited Liability Company

**(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:

In ARTICLE V. The name of the Second person authorized to manage this LLC is not complete, it appears: CARMEN MENA. In all articles the street number of the company's address appears: NW 102th. CORRECT: The name must appear as follow: ~~CARMEN MENA~~ OR CARMEN S. MENA MANJARREZ / The street number must appear as follow: NW 102nd

☐ 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

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)**