

L15000178119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 OCT 28 PM 12:15  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

OCT 29 2015  
Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

PARADISE Fresh Air, 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:

GERARD MANZUETA

Name of Person

PARADISE Fresh Air, LLC

Firm/Company

6220 S. Orange Blossom Trail #516

Address

ORlando FL 32809

City/State and Zip Code

Roycebjm@gmail.com

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

For further information concerning this matter, please call:

GERARD MANZUETA

Name of Person

at (551)

Area Code

444-9255

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 (9/15)

RECEIVED

15 OCT 29 PM 12:55

STATE OF FLORIDA  
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: \_\_\_\_\_

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

**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:

Effective DATE shows 11/16/2015. The office  
LOCATION OPENS that DATE, we still ARE OPEN FOR  
business before then the correct should show ~~same~~  
SAME AS FILED DATE 10/20/2015.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate corrections are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

*Edward J. [Signature]*

Signature of Authorized Representative

10/26/15  
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)

FILED  
15 OCT 28 PM 12:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA