

215000186064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

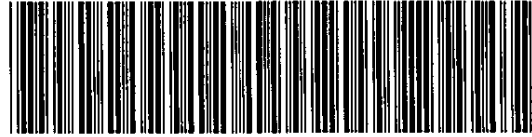
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FILED
2016 MAY 31 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 MAY 31 PM 4:44
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Xtreme 360 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:

Sarah Ann Varga

Name of Person

Xtreme 360 LLC

Firm/Company

820 Willowbranch Ave.

Address

Clearwater, FL. 33764

City/State and Zip Code

x360.sarah.varga@gmail.com

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

For further information concerning this matter, please call:

Sarah Ann Varga

Name of Person

at (727) 422-0656

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: Xtreme 360 LLC

SECOND: The Florida Document number of the limited liability company is: L15000186064

THIRD: Document to be corrected is: 100283918931 - Amendment filed 5/24/14

(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:

Penny Abourjilie AMBR for Xtreme 360 LLC

Sarah Ann Varga removed as AMBR and not added to
be the MGR of Xtreme 360 LLC and Registered Agent.

OR

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The document that needs corrected was filled incomplete and was never signed.

OR

☐ The electronic transmission of the record was defective.

Sarah Ann Varga
Signature of Authorized Representative

5/26/2016
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.

Sarah Ann Varga
Registered Agent's Signature

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