L15000190676

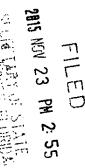
(Ke	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone			
· ·	,	,		
PICK-UP	☐ WAIT	MAIL		
<u></u>				
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
				
Special Instructions to Filing Officer:				
·				





500279296165

11/23/15--01010--010 **25.00



COVER LETTER

то:	Registration S Division of Co					
SUBJEC	CVN	I DESIGN CE	NTER LL	_C		
		Na	me of Limited Liabil	lity Company		
Dear Sir	or Madam:					
The encl	losed Statemen	t of Correction and fee(s) are	submitted for filing.			
Please re	eturn all corres	pondence concerning this ma	atter to the following:			
EVE	ELYN F	R GONZALEZ	Z EA			
		Name of Person	<u></u>			
ACCOL	JNTING CEN	TER FORM SMALL BUSI	NESS LLC			
	Firm/Company					
570	1 DOG	WOOD DR				
	Address					
OR	LAND	D FL 32807				
		City/State and Zip Code				
AC	CORL(@AOL.COM				
E-	mail address: (to be used for future annual	report notification)			
For furt	her information	n concerning this matter, plea	ase call:			
EVI	ELYN F	R GONZALE	Z _{at (} 407	281-0227		
	Nam	e of Person	Area Code	Daytime Telephone Number		
Registra Division Clifton 2661 Ex	CT/COURIER ation Section of Corporation Building secutive Center ssee, Florida 3:	ons r Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	ed is a check f	or the following amount:				
\$25	Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2015 NGV 23 PM 2: 55

Pursuai <u>FIRS</u> T	nt to sec	etion 605.0209, F.S., this document is being submitted to company of the limited liability company is: CVN DES	IGN CENTER LLC ATMOSEE, FLORIDA		
SECO!	ND:	The Florida Document number of the limited liability co	ompany is: L15000190676		
THIRD:		Document to be corrected is:			
	(CHECK THE APPROPRIATE BOX AND COMPLET	TE THE APPLICABLE STATEMENT		
×		nins an incorrect statement. The incorrect statement, the reament are as follows:	ason the statement is incorrect, and the corrected		
	PLE	ASE CORRECT SPELLING OF THE LAST NA	ME REGISTED AGEND AND MGR		
	RE	SIDENT AGENT = JORGE HE	RRADA		
	MG	MGR = JORGE HERRADA			
	OR Was das foll	defectively signed. The manner in which the document wa lows:	s defectively signed and the appropriate correction are		
	<u>OR</u>				
	The e	electronic transmission of the record was defective.			
		Signature of Authorized Representative	Date		
		new registered agent, if applicable: (NOTE: if correcting the designation).	ne registered agent, the new registered agent must sign		
I herel provisi obliga	by acceptions of c tions of	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to act in a all statutes relative to the proper and complete performanc my position as registered agent as provided for in Chapte ge in the registered office address, I hereby confirm that th	re of my duties, and I am familiar with and accept the r 605, F.S. Or, if this document is being filed to merely		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)