

L15000203841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAR 14 P 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 15 2016

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 MAR 14 PM 2:36

March 2, 2016

ANA CERVETTA-LAPHAM  
6609 SW 65 STREET  
SOUTH MIAMI, FL 33143

SUBJECT: CRI CRI CAPTIAL LLC  
Ref. Number: L15000203841

We have received your document for CRI CRI CAPTIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list your corrections on the form in the space provided

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 016A00004360

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRI CRI CAPTIAL 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 CERVETTA-LAPHAM

Name of Person

CERVETTA-LAPHAM & ASSOCIATES

Firm/Company

6609 SW 65 STREET

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

ANA@CERVETTALAPHAM.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PAMELA ALONSO

Name of Person

305

Area Code

669-2701

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:

**CRI CRI CAPITAL LLC**

**SECOND:**

The Florida Document number of the limited liability company is:

**L15000203841**

**THIRD:**

Document to be corrected is:

**ARTICLES OF ORGANIZATION**

**(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:

**PLEASE CORRECT NAME OF COMPANY AS FOLLOWS:**

**CRI CRI CAPITAL LLC**

**OR**



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

\_\_\_\_\_

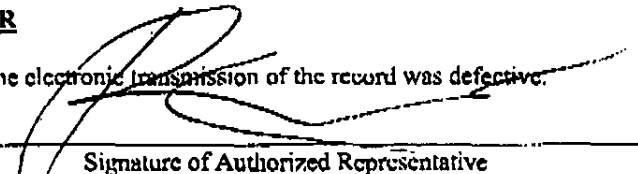
\_\_\_\_\_

\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.



Signature of Authorized Representative

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TALLAHASSEE, FLORIDA

**3/15/14**

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)