

L15000209241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

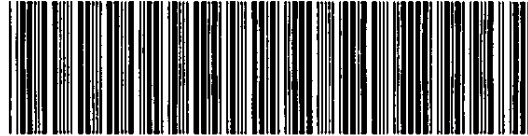
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/14/16--01004--008 **25.00

16 APR - 8 PM 4:03
Clerk of Court
Clerk of Court

APR 11 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2016

SHELDON FORDE
5301 NW 12TH STREET
LAUDERHILL, FL 33313

SUBJECT: 1ST CLASS RENTAL LLC
Ref. Number: L15000209241

We have received your document for 1ST CLASS RENTAL 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):

YOU NEED TO US WHAT IS THE COMPANY'S CORRECT NAME

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 416A00001049

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Class Car Rental
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:

Sheldon Forde

Name of Person

1st Class Car Rental

Firm/Company

5301 N.W 12th Street

Address

Lauderhill Florida 33313

City/State and Zip Code

Sheldon0732@gmail.com

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

For further information concerning this matter, please call:

Sheldon Forde

Name of Person

754

Area Code

779-0732

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)

**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: 1st Class Car Rental

SECOND: The Florida Document number of the limited liability company is: L15000209241

THIRD: Document to be corrected is: The Registered Name (Company Name)

(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:

The company name was incorrect on the registered form.

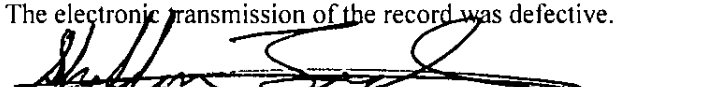
The company name must be 1st class Car Rental LLC

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

January 7, 2016

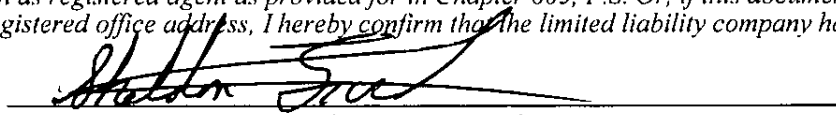
Date

16 APR -8 PM 4:03

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)