

L15000210848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

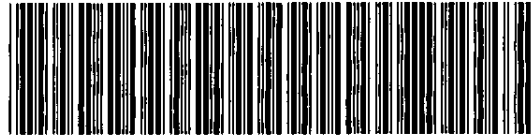
(Business Entity Name)

(Document Number)

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2015 DEC 28 PM 12:42
STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/28/15

NAME: SWISS ALMOND, LLC

TYPE OF FILING: CORRECTION

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swiss Almond, 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:

Mitchell Kass

Name of Person

c/o Swiss Almond, LLC

Firm/Company

1000 Corporate Drive #520

Address

Ft. Lauderdale, FL 33334

City/State and Zip Code

mitch.kass@gmail.com

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

For further information concerning this matter, please call:

Mitchell Kass

Name of Person

at (954) 224 3111

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

FLORIDA FILING & SEARCH SERVICES
ABBIE HODGE

SUBJECT: SWISS ALMOND, LLC
Ref. Number: L15000210848

We have received your document for SWISS ALMOND, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please enter the type of document to be corrected in the third section of the form.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00027032

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TALLAHASSEE, FLORIDA

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2015 DEC 28 PM 12:42
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Please keep original
file date. Thanks!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2015

FLORIDA FILING & SEARCH SERVICES
ABBIE HODGE

SUBJECT: SWISS ALMOND, LLC
Ref. Number: L15000210848

RECEIVED
DEPARTMENT OF STATE
15 DEC 30 AM 9:42
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for SWISS ALMOND, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the type of document to be corrected in the third section of the form.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00027032

Please Keep original file
date. Thanks!

2015 DEC 28 PM 12:42
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: SWISS Almond, LLC

SECOND: The Florida Document number of the limited liability company is: L15000210848

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:

① the Principal OFFice & Mailing Address: 1000 Corporate Drive #520
Ft. Lauderdale, FL 33334

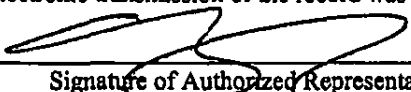
② the Managers Address should be: Bonnette Moschella
1000 Corporate Drive #520
Ft. Lauderdale, FL 33334

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

12/28/15
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)

2015 DEC 28 PM 12:42
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