

U600002515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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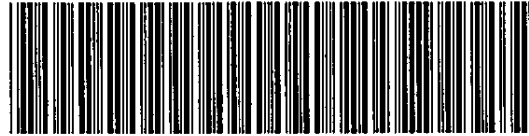
(Business Entity Name)

(Document Number)

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16 FEB 17
FEB 18 2016
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FEB 18 2016
FEB 18 2016
FEB 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAIM HARBOR RAMPS BRAZIL, 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:

ZAEDY R. POZO, Esq.
Name of Person

LAW OFFICE OF ZAEDY R. POZO
Firm/Company

2655 LeJeune Road, PH 1D
Address

CDRAM GABLES, FLA 33134
City/State and Zip Code

ZAEDYR123@aol.com
E-mail address: (to be used for future annual report notification)

FILED
16 FEB 17 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ZAEDY R POZO, Esq. at (305) 442-7141
Name of Person 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: PAIM HARBOR RAMOS BRASIL, LLC

SECOND: The Florida Document number of the limited liability company is: L16000002515

THIRD: Document to be corrected is: _____

(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:

Mispeeling of Authorized Representatives NAME.
Incomplete NAME, the corrections are:
CORRECT NAME ARE: MARCIA RAMOS SILVA and ROXANA MACEDO BRASIL

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]

Signature of Authorized Representative

Date

2/10/2016

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

ZAEDY R POZO

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)

592 should be negotiated based upon the respective interests, objectives and bargaining positions of all interested
593 persons.

594 AN ASTERISK (*) FOLLOWING A LINE NUMBER IN THE MARGIN INDICATES THE LINE CONTAINS A BLANK TO
595 BE COMPLETED.

596
597* Buyer: [Signature] Date: 2/3/16

598
599* Buyer: _____ Date: _____

600
601* Seller: Elvira Mate Vice President Date: 2/4/16

602
603* Seller: _____ Date: _____

604
605 Buyer's address for purposes of notice Seller's address for purposes of notice

606
607 _____

608
609

610 **BROKER:** Listing and Cooperating Brokers, if any, named below (collectively, "Broker"), are the only Brokers entitled
611 to compensation in connection with this Contract. Instruction to Closing Agent: Seller and Buyer direct Closing Agent
612 to disburse at Closing the full amount of the brokerage fees as specified in separate brokerage agreements with the
613 parties and cooperative agreements between the Brokers, except to the extent Broker has retained such fees from the
614 escrowed funds. This Contract shall not modify any MLS or other offer of compensation made by Seller or Listing
Broker to Cooperating Brokers.

615* VIVIAN MARIN
616 Cooperating Sales Associate, if any

[Signature]
Listing Sales Associate

617* FORTUNE INTERNATIONAL REALTY 3.0
618 Cooperating Broker, if any

Distinctive Estates, Inc.
Listing Broker

FILED
16 FEB 17 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Seller's Initials [Signature]