

L160000003975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

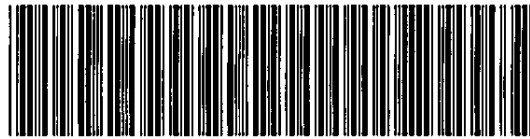
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 FEB 22 P 4:46

FILED

FEB 23 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2016

ROBERT N. OAKES  
7018 NW 63 COURT  
TAMARAC, FL 33321

SUBJECT: VIOLA CATERING, LLC  
Ref. Number: L16000003975

We have received your document for VIOLA CATERING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 616A00003100

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Viola Catering

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:

Robert N. Oakes

Name of Person

Viola Catering

Firm/Company

7018 NW 63 Court

Address

Tamarac, Floirda

City/State and Zip Code

bananasrno@yahoo.com

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

For further information concerning this matter, please call:

Robert N. Oakes

Name of Person

at ( 954 ) 594 2518

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: Viola Catering, LLC

**SECOND:** The Florida Document number of the limited liability company is: L 16000003975

**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. Misspelling of the name to be -- Voi La Catering, LLC

2. A member to be added: Arthur Smith 7018 NW 63 Court Tamarac, Fl.  
33321

**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

2/20/16  
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)