

L16000008011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

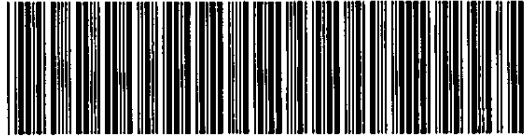
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500279393835

01/25/16--01026--014 \*\*25.00

FILED  
2016 FEB 11 P 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 12 2016

3 MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2016

IDANIA SOLAR  
8411 NW 8TH STREET, APT. 109  
MIAMI, FL 33126

SUBJECT: IDA TRAVEL & ASSOCIATES, LLC  
Ref. Number: L16000008011

We have received your document for IDA TRAVEL & ASSOCIATES, 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):

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: 616A00001705

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **IDA TRAVEL & ASSOCIATE, 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:

**IDANIA SOLAR**

Name of Person

**IDA TRAVEL & ASSOCIATE, LLC**

Firm/Company

**8411 NW 8TH ST APT 109**

Address

**MIAMI, FL 33126**

City/State and Zip Code

**IDAMCS2015@GMAIL.COM**

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

For further information concerning this matter, please call:

**IDANIA SOLAR**

Name of Person

**786**

Area Code

**720-6503**

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: IDA TRAVEL & ASSOCIATES , LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000008011

**THIRD:** Document to be corrected is: AUTHORIZED PERSON DETAIL - 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:

Authorized Person detail does not show a name.

Need to Register Authorized Person for this company, need to add  
MGRM IDANIA SOLAR

**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

Feb/09/2016  
\_\_\_\_\_  
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.*

Idania Solar  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)