

LIL 0000 2F400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

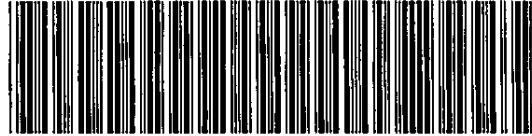
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288389869

900288389869
07/27/16--01031--024 **25.00

JUL 28 2016
S. YOUNG

16 JUL 27 PM 3:07

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREAT White Expedited Service "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:

JUNIOR Joseph
Name of Person

Owner
Firm/Company

298 Nabbie Ave NW
Address

Palm Bay FL 32907
City/State and Zip Code

Great White Expedited LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUNIOR Joseph at 305 804-1495
Name of Person Area Code Daytime Telephone Number
646 392-4920

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 27 PM 3:07

**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: Great White Expedited
Service's LLC

SECOND: The Florida Document number of the limited liability company is: 616000028900

THIRD: Document to be corrected is: LLC ^{Name} 616000028900

(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:

Miss Spelling
Expedited, miss pelled,
Great White Expedited
Service's LLC is the correct Spelling

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.

Junier Joseph 7/21/16
Signature of Authorized Representative 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.

Junier Joseph
Registered Agent's Signature

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 27 PM 3:07