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COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT: Bu	ouboule N	LLC ame of Limited Liabilit	y Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing.	
Please return all correspondent	ondence concerning this m	atter to the following:	
The Herst	Name of Person Law to Law f Firm/Company S. Dade Address Mi, Fl 33/ iry/State and Zip Code DHLF Miam be used for future annual	Firm lad Blod,	49 08
	concerning this matter, please fees kewith		423-1258- Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	ircle	Re Di P.	AILING ADDRESS: egistration Section lyision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

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: SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: THIRD: (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: Name to <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correct as follows: OR The electronic transmission of the record was defective. 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. A peoply softim that the limited liability company has been notified in writing of this change. Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS





Detail by Entity Name

Florida Limited Liability Company

BUBUBOULE LLC

Filing Information

Document Number

L16000042858

FEI/EIN Number

NONE

Date Filed

03/01/2016

Effective Date

03/02/2016

State

FL

Status

ACTIVE

Principal Address

C/O ALINE DARMOUNI 44 WEST FLAGLER ST STE 2300

MIAMI, FL 33130

Mailing Address

44 WEST FLAGLER ST STE 2300 MIAMI, FL 33130

Registered Agent Name & Address

GREG HERSKOWITZ, PA 9100 S. DADELAND BLVD

MIAMI, FL 33156

Authorized Person(s) Detail

Name & Address

Title AMBR Rouyer ROUYIER, SANDINE 44 WEST FLAGLER ST #2300 MIAIM, FL 33130

Title AMBR Rouyer ROUYIER: BRUNO 44 W. FLAGLER STREET STE 2300 MIAMI, FL 33130

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