

L16000075517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAY 23 A 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 26 2016

SWARREN

FLORIDA DEPARTMENT OF STATE
Division of Corporations



May 12, 2016

EDDIE GIL
18850 SW 197TH AVENUE
MIAMI, FL 33187

SUBJECT: SOUND LEVEL EVENTS & PRODUCTIONS LLC
Ref. Number: L16000075517

We have received your document for SOUND LEVEL EVENTS & PRODUCTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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 Warren
Regulatory Specialist II

Letter Number: 516A00010092

2016 MAY 23 PM 3:53
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Sound Level Events & Productions 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:

Eddie Gil

Name of Person

Sound Level Events & Productions LLC

Firm/Company

18850 SW 197th AVE

Address

Miami, FL 33187

City/State and Zip Code

Eddieg@soundleveldjs.com

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

For further information concerning this matter, please call:

Eddie Gil

Name of Person

786

Area Code

2238628

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: Sound Level Events & Productions LLC

SECOND: The Florida Document number of the limited liability company is: L16000075517

THIRD: Document to be corrected is: Authorized Person Detail Articles of Organiz.

(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:

Kharla Gil is the Secretary and should be stated as (S)

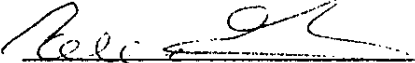
The correct person should be seen as Eddie Gil (M) Member Managed

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.



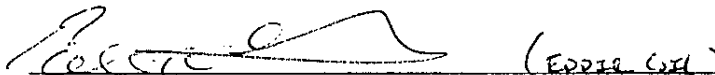
Signature of Authorized Representative

05-04-2016
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.



Registered Agent's Signature

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