

L16000111582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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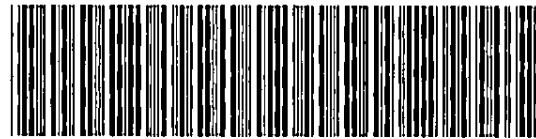
(Business Entity Name)

(Document Number)

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2018 NOV 13 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 29 2018  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ECHOO AVIATION LLC**  
Name of Limited Liability Company

2018 NOV 13 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**IVAN A GUERRERO**

Name of Person

**IVAN A GUERRERO LLC**

Firm/Company

**28 W FLAGLER ST STE 555**

Address

**MIAMI, FL 33130**

City/State and Zip Code

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

For further information concerning this matter, please call:

**IVAN A GUERRERO** at ( **786** ) **416-2244**

Name of Person

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: ECHOO AVIATION LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000111582

**THIRD:** Document to be corrected is: 2018 ANNUAL REPORT FILED ON 01/19/2018 - CC3618169696

**(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:

SILVIA QUIROGA AMBR IS INCORRECT AND SHOULD BE REMOVED FROM AUTHORIZED PERSONS SHE IS NOT THE AMBR

REPLACE WITH: TITLE: AMBR / NAME: FLASH MED SUPPLY, LLC / ADDRESS: 780 NW 42nd Avenue Suite 3, Miami FL 33126

**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

11/7/2018

\_\_\_\_\_  
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)**