

L16000214884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2016

CHRIS HERRING
3665 S. ORLANDO DR. #433
SANFORD, FL 32773

SUBJECT: CHAMPAGNE INSURANCE AND INVESTMENTS LLC
Ref. Number: L16000214884

We have received your document for CHAMPAGNE INSURANCE AND INVESTMENTS 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 Warren
Regulatory Specialist II

Letter Number: 416A00027781

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champagne Insurance & Investments 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:

Chns Herring
Name of Person

Champagne Insurance & Investments LLC
Firm/Company

3605 S. Orlando Dr. #433
Address

Sanford, FL 32773
City/State and Zip Code

novalabranche@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chns Herring at (321) 696-8196
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: Champagne Insurance & Investments LLC

SECOND: The Florida Document number of the limited liability company is: L16000214884

THIRD: Document to be corrected is: L16000214884 - 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(s) detail is Blank and should read
as follows: Navia Anatolie LaBranche, President

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.

Navia La Branche 1-28-16
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.

Chris Hays 12/20/16
Registered Agent's Signature

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