

L170000 10447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

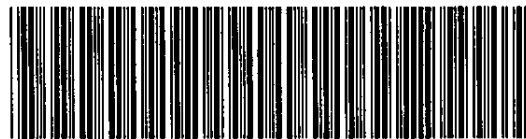
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



700293866497

01/27/17--01013--002 **52.50

2017 FEB -2 P 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 03 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RALPHY'S LLC
Name of Corporation

DOCUMENT NUMBER: 617000010447

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgi P Georgiev
Name of Contact Person

RALPHY'S LLC
Firm/Company

653 CAREY WAY
Address

Orlando FL 32825
City/State and Zip Code

CRAZY@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Georgiev at (603) 915 7182
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Ralph's LLC

SECOND: The Florida Document number of the limited liability company is: L17000010447

THIRD: Document to be corrected is: Remove Christopher Conley as Manager

(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:

PLEASE REMOVE Christopher Conley
AS MANAGER LISTED. Done in error

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] 2-3-17
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.

Registered Agent's Signature

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