

K17 0000 38422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

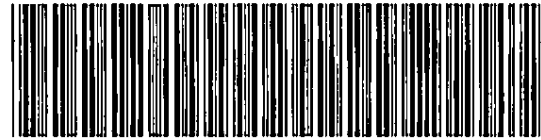
(Business Entity Name)

(Document Number)

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SEP 08 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALFONSO 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:

Katiana D. Francois

Name of Person

Alfonso LLC

Firm/Company

2622 SW 82 Ave Apt. 104

Address

Miramar, FL 33025

City/State and Zip Code

francoiskatiana@ymail.com

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

For further information concerning this matter, please call:

Katiana D. Francois

Name of Person

at (786)

Area Code

663-6048

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

RECEIVED
AUG 31 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2021

KATIANA D. FRANCOIS
2622 SW 82 AVE
APT. 104
MIRAMAR, FL 33025

SUBJECT: ALFONSO LLC
Ref. Number: L17000038422

We have received your document for ALFONSO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00017698

**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: ALFONSO LLC

SECOND: The Florida Document number of the limited liability company is: L17000038422

THIRD: Document to be corrected is: 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

(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:

The incorrect statement: MAYFAIR LLC is listed as an authorized member.

Reason the statement is incorrect: MAYFAIR LLC is no longer in existence.

Corrected statement: Leave this blank/delete this information.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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FILED

OR



The electronic transmission of the record was defective.



Signature of Authorized Representative

8/24/21

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)