

L17000047448

(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:

Sign

Office Use Only



900296253179

03/13/17--01041--026 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 23 P 2:30

FILED

S Warren

MAR 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

JONATHAN A. SEMACH
9301 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33615

SUBJECT: CAS UNLIMITED LLC
Ref. Number: L17000047448

We have received your document for CAS UNLIMITED 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: 017A00005126



LAW OFFICES

BUDDY D. FORD, P.A.

"Representation with Dignity" since 1987

BUDDY D. FORD, ESQUIRE

BOARD CERTIFIED, BUSINESS BANKRUPTCY
BUSINESS LAW / DEBTOR AND
CREDITOR RIGHTS
CHAPTER 7 TRUSTEE 1987-97

BUDDY@TAMPAESQ.COM

JONATHAN A. SEMACH, ESQ.
JONATHAN@TAMPAESQ.COM

**BANKRUPTCY
CHAPTER 11, 13, 7, 12
REORGANIZATIONS
BUSINESS AND PERSONAL**

March 10, 2017

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: CAS Unlimited LLC

Dear Sir/Madam:

Enclosed, please find a Statement of Correction and a \$25.00 check for the filing fee for CAS Unlimited LLC (Document No.: L17000047448). If you have any further questions, feel free to contact me directly. Thank you.

Sincerely,

Jonathan A. Semach, Esquire

Enclosures: As stated.

cc: Seth Ronchetti

9301 WEST HILLSBOROUGH AVENUE
TAMPA, FLORIDA 33615-3008

TELEPHONE (813) 877-4669
FACSIMILE (813) 877-5543

WWW.TAMPAESQ.COM



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAS Unlimited 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:

Jonathan A. Semach

Name of Person

Buddy D. Ford, P.A.

Firm/Company

9301 West Hillsborough Avenue

Address

Tampa, Florida 33615

City/State and Zip Code

sethrack@gmail.com

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

For further information concerning this matter, please call:

Jonathan Semach

Name of Person

at 813 877-4669

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

CR2E062 (9/15)

**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: CAS Unlimited LLC

SECOND: The Florida Document number of the limited liability company is: L17000047448

THIRD: Document to be corrected is: 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:

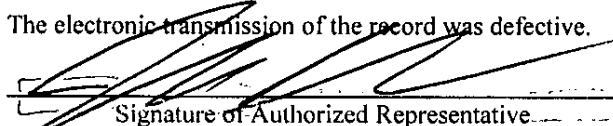
The name of managing member "Christy Colley-Ronchetti" should be
"Christina Colley-Ronchetti" instead.

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.

 3/22/17
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)