

L17000048898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY -1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vip Aerial Fiber 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:

Shawn Barnett

Name of Person

VIP Aerial Fiber

Firm/Company

3905 Tampa Rd. PO Box 556

Address

Oldsmar FL 34677

City/State and Zip Code

vipAerialFiber@yahoo.com

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

727-645-2451

**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: Vip Aerial Fiber, LLC

Vip Aerial Fiber VIP Aerial Fiber

SECOND: The Florida Document number of the limited liability company is: L17000048898

THIRD: Document to be corrected is: Vip Aerial Fiber 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 outside Company I hired to
file my LLC put my whole business name
together and not spaced it should be

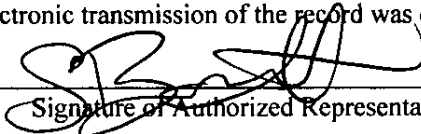
OR

VIP Aerial Fiber, LLC

☐ 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

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
How I would like it to read