

L17000095366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

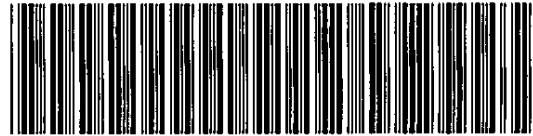
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298672230

05/08/17--01045--009 **25.00

FILED

2017 MAY 11 A 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE
MAY 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

ENRIGUE RESTREPO
2731 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411

SUBJECT: NOVACLOCK BRIGHT "L.L.C."
Ref. Number: L17000095366

We have received your document for NOVACLOCK BRIGHT "L.L.C" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the type of document to be corrected in the third section of the form.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00009456

2017 MAY 11 A 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NOVACLOCK BRIGHT L.L.C**

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:

ENRIQUE RESTREPO

Name of Person

NOVACLOCK BRIGHT L.L.C

Firm/Company

2731 MISTY OAKS CIRCLE

Address

ROYAL PALM BEACH, FL, 33411

City/State and Zip Code

NOVACLOKUSA@GMAIL.COM

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

For further information concerning this matter, please call:

ENRIQUE RESTREPO at **561** **2321724**

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

CR2E062 (9/15)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY 11 A 11:42

FILED

**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: NOVACLOCK BRIGHT "L.L.C"

SECOND: The Florida Document number of the limited liability company is: L1700095366

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:

WRONG NAME "MISSPELLING" RIGHT NAME IS

NOVACLOK BRIGHT.L.L.C

REMOVE SR FROM BOTH NAMES OF MGR. ENRIQUE RESTREPO

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 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)