

L170002310913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

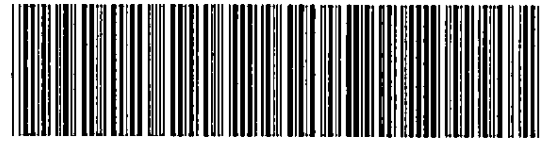
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100305784201

12/15/17--01010--018 \*\*7.50

11/20/17--01031--031 \*\*52.50

FILED  
18 JAN 16 PM 12:49  
TALLAHASSEE, FLORIDA

JAN 18 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2017

CARLOS H RIVAROLA  
1841 CAPE SIDE CIR  
WELLINGTON, FL 33414

SUBJECT: WORTH AVENUE TRIM LLC  
Ref. Number: L17000231093

We have received your document for WORTH AVENUE TRIM LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE APPLICATION.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 617A00025408

RECEIVED

JAN 16 2018

Mailed 12/5/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **WORTH AVENUE TRIM 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:

**CARLOS H RIVAROLA**

Name of Person

**WORTH AVENUE TRIM LLC**

Firm/Company

**1841 CAPESEIDE CIR**

Address

**WELLINGTON, FL 33414**

City/State and Zip Code

**CAHERIVAROLA@GMAIL.COM**

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

For further information concerning this matter, please call:

**CARLOS RIVAROLA**

Name of Person

at ( **561** )

Area Code

**818-0822**

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

**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: WORTH AVENUE TRIM LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000231093

**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:

CARLOS H RIVAROLA SHOULD NOT BE "SR"

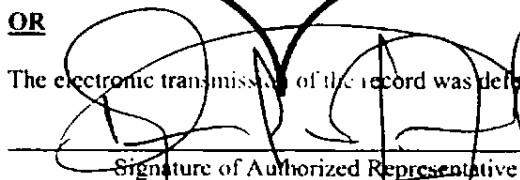
**OR**

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

**SIGN  
& DATE**

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

Date 18 JAN 15 PM 2:49

FILED  
CLERK OF COURT  
HALL COUNTY, FLORIDA

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)**