

L17000258743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

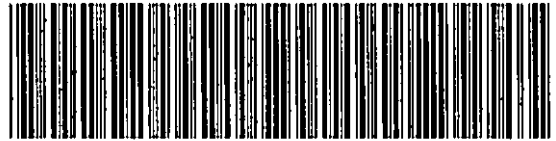
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400310978494

06/26/18--01038--003 **25.00

FILED
18 APR 17 AM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
APR 17 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

ASIA CARPIO
13815 FAIRWAY ISLAND DR
APT 1322
ORLANDO, FL 32837

SUBJECT: PARADISE BAKERY & LOUNGE LLC
Ref. Number: L17000258743

We have received your document for PARADISE BAKERY & LOUNGE 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):

Please state document to be corrected as: Articles of Organization.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 018A00006297

RECEIVED

2018 APR 16 PM 12:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE Bakery & Lounge 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:

Asia Gladys Carpio
Name of Person

Asia G. Carpio, PARADISE Bakery & Lounge LLC
Firm/Company

13815 Fairway Island Drive, Apt 1322
Address

Orlando, Florida, 32837
City/State and Zip Code

ParadiseLLC@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asia Gladys Carpio at (201) 985-5080
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: Paradise Bakery & Lounge LLC

SECOND: The Florida Document number of the limited liability company is: L17000258743

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: I need to change the effective date,
Due to an inconvenience we could not rent the place
on time, so we had not started the business
the new effective date will be on July 01, 2018.

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.

Asia G. Carpio 04/04/2018
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.

Asia G. Carpio
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)