

L180000 37814

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

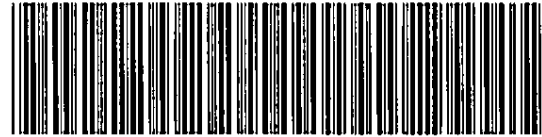
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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05/21/18--01024--003 \*\*25.00

FILED  
MAY 21 2018  
CLERK OF COURT  
CLERK OF COURT

05/21/18

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **FLORIDA GREAT MINDS 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:

**LUIZ FELIPE ADLER CANEPPA**

Name of Person

**FLORIDA GREAT MINDS LLC**

Firm/Company

**10230 LAKE VISTA CT**

Address

**PARKLAND, FL 33076**

City/State and Zip Code

**STATE@TAXHOUSE.US**

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

For further information concerning this matter, please call:

**TAX HOUSE CORPORATION** at ( **954** ) **482 5000**  
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

**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: FLORIDA GREAT MINDS LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000037814

**THIRD:** Document to be corrected is: MEMBER SIGNATURE

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

LUIZ FELIPE ADLER CANEPPA

\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ The electronic transmission of the record was defective.

LUIZ FELIPE ADLER CANEPPA

MAY/01/2018

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.*

LUIZ FELIPE ADLER CANEPPA

Registered Agent's Signature

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