

18000038281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

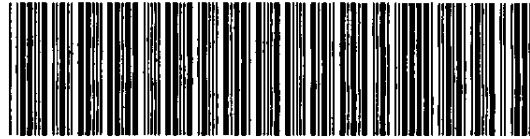
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200309456442

02/26/18--01042--017 **25.00

FILED
18 MAR -9 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2018

PETE FRATUS
9389 HORSE CASTLE CT
UNIT 711
GLEN ALLEN, VA 23060

SUBJECT: CAPTAIN TRAVEL LLC
Ref. Number: L18000038281

RECEIVED
2018 MAR -9 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CAPTAIN TRAVEL 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):

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

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00004040

I am assuming you are holding or have deposited the \$25 check.

Pete Fratus

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPTAIN TRAVEL 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:

Pete Fratus

Name of Person

Firm/Company

9389 Horse Castle Ct Unit 711

Address

Glen Allen, VA 23060

City/State and Zip Code

pfratus_email@yahoo.com

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

For further information concerning this matter, please call:

Joseph Leak

Name of Person

512

Area Code

580-5014

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: CAPTAIN TRAVEL LLC

SECOND: The Florida Document number of the limited liability company is: L18000038281

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:

Article IV contains the incorrect name of the manager.
The correct name is "Pete Fratus"

OR

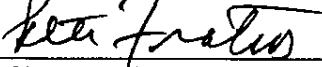
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The electronic signature is the wrong name. The signer
of the document is "Pete Fratus"

FILED
18 MAR -9 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

The electronic transmission of the record was defective.



Signature of Authorized Representative

3-5-2018
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)