

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESPADA PROPERTIES LLC**

| | |
|-----------------------|---------|
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| Page Count | 03 |
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Corporate Filing Menu

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MAY 01 2020

**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: ESPADA PROPERTIES LLC

SECOND: The Florida Document number of the limited liability company is: L18000062767

THIRD: Document to be corrected is: 2019 Annual Report

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ **M**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please see the attached

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.

Kevin Duteau

Kevin Duteau, Attorney-in-Fact

4/28/2020

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:
Certified Copy:

\$25.00
\$30.00 (optional)

**Corrections to the 2019 Annual Report
for
ESPADA PROPERTIES LLC**

The current Principal Place of Business should be corrected to the address below:

1321 Westover Ave,
Parrish, FL 34219

The current Mailing address should be corrected to the address below:

1321 Westover Ave,
Parrish, FL 34219

The name and address of the current Registered Agent should be corrected to the following:

Andrea Torres Velasquez
1321 Westover Ave,
Parrish, FL 34219

The names and addresses of persons authorized to manage should be corrected to the following:

Andrea G Torres Velasquez
1321 Westover Ave,
Parrish, FL 34219

Daniel J Torres Lopez
17455 Overhill Dr. Apt B
Fort Myers, FL 33908

John J Palomino Losada
Calle 114A # 53-66 Apt 302
Bogota, Columbia