

L18000064576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

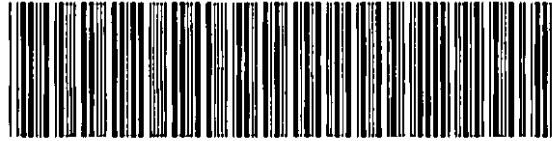
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALLER 8/20/18
PERMISSION GIVEN TO CORRECT 3rd
DOCUMENT BY Kat Rojas
ON THIS DATE 8/20/18
KR

Office Use Only



900306744299

08/27/18--01030--009 **25.00

*Stmt
Correction*

FILED
2018 AUG 13 AM 11:32
REGISTRY OF DEEDS & RECORDS
ALBANY, N.Y.

N. CAUSSEUX

AUG 20 2018

L18-64576



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

ALEJANDRO ALVAREZ CENTENO
INVERPRAGA LLC
9725 NW 52ND STREET, APT. 211
DORAL, FL 33178

SUBJECT: INVERPRAGA LLC
Ref. Number: L18000064576

We have received your document for INVERPRAGA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you do the change address for the principle place/ mailing address on this form you will need to pay a filing fee of \$25.00. However, you can send an email to WWW.CORPHELP@DOS.MYFLORIDA.COM at no cost. If you change the address of the registered agent there is a fee of \$25.00. You can always make the changes on the annual report which will be due between January 1, 2019 and May 1, 2019.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 018A00005517

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERPRAGA LLC / Address Change
Name of Limited Liability Company

RECEIVED
2010 MAR 19 AM 10:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

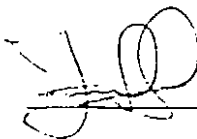
Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Alvarez Centeno

Name of Person



/INVERPRAGA LLC

Firm/Company

9725 NW 52ND Street APT 211, Doral, FL, 33178

Address

Doral, FL 33178

City/State and Zip Code

popve@hotmail.com

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

For further information concerning this matter, please call:

Katusca Rojas

Name of Person

407

Area Code

4378167

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: INVERPRAGA LLC

SECOND: The Florida Document number of the limited liability company is: L18000064576

THIRD: Document to be corrected is: _____

(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: The Registered Agent's Address is incorrect:
THE ADDRESS INCORRECT 9805 NW 52ND ST SUITE 211 THE ADDRESS CORRECT IS
9725 NW 52ND Street APT 211, Doral, FL, 33178

OR

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

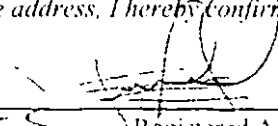
OR

The electronic transmission of the record was defective.
ALEJANDRO ALVAREZ CENTENO 03/15/2018
Signature of Authorized Representative Date

FILED
03/15/2018
9:13 AM
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE

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)