

LI8000184167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

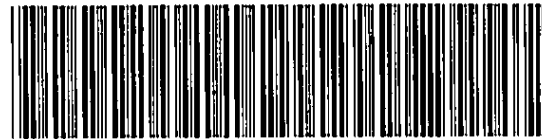
(Business Entity Name)

(Document Number)

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

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08/07/18--01011--002 \*\*25.00

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2018 SEP 25 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D PRUCE

SEP 25 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2018

JOSEPH RESTAINO  
3109 W. WALLCRAFT AVE  
TAMPA, FL 33611

SUBJECT: PINSTRIPE PRODUCTIONS, LLC  
Ref. Number: L18000184167

We have received your document for PINSTRIPE PRODUCTIONS, 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 indicate your requested correction/corrections on the form.

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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 318A00016640

**FILED**  
2018 SEP 26 AM 8:26  
DIVISION OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pinstripe Productions, 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:

Joseph Restaino

Name of Person

Pinstripe Productions, LLC.

Firm/Company

3109 W. Wallcraft Avenue

Address

Tampa, FL 33611

City/State and Zip Code

kristian@fxm-group.com

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

For further information concerning this matter, please call:

Kristian Krempel

Name of Person

at ( 323 )

Area Code

630-6871

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

FILED  
2018 SEP 25 AM 8:26  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**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: Pinstripe Productions, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L18000184167

**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:

name of person misspelled and address updated

Title MGR

~~JOSEPH RESTAINO~~

Restaino, Joseph

~~300 S. WILLOW AVENUE~~

~~TAMPA, FL 33606~~

3109 W. Wallcraft Ave  
Tampa, FL 33611

☐ 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.

[Signature]  
Signature of Authorized Representative

8/1/18  
Date

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2018 SEP 25 AM 8:26  
CLERK OF CIRCUIT  
JALAH SEEFLOREN

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)**