

218000244652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

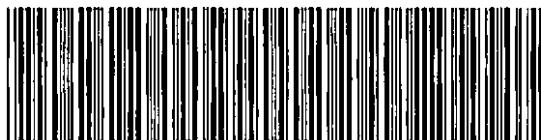
(Business Entity Name)

(Document Number)

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

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Office Use Only



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01/07/19--01034--061 \*\*25.00

2019 JAN -7 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# BOND SCHOENECK & KING

4001 Tamiami Trail North, Suite 105 | Naples, FL 34103-3556 | [bsk.com](http://bsk.com)

KAREN NETTLES, FRP  
[knetles@bsk.com](mailto:knetles@bsk.com)  
P 239.659.3852  
F 239.659.3857

January 4, 2019

**VIA FIRST CLASS MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: IL Primo Pizza and Wings VII, LLC  
Document Number L18000244652

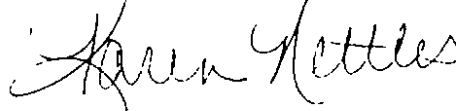
To Whom It May Concern:

Enclosed please find a Statement of Correction for Florida or Foreign Limited Liability Company for the above referenced entity. Also enclosed is a copy of the previous Statement of Correction for Florida or Foreign Limited Liability Company sent on October 25, 2018. The entity name should have been changed from IL Primo Pizza and Wings VII, LLC to IL Primo Pizza & Wings VII, LLC. Instead of the word "and" the name should include the ampersand. The name was inadvertently changed to lower case letters in the first word, "IL" and the ampersand was not added as requested.

Also enclosed is our check in the amount of \$25.00 for the fee for the change. Please change the entity name to IL Primo Pizza & Wings VII, LLC and return confirmation to this office at your earliest convenience.

Very truly yours,

BOND, SCHOENECK & KING, PLLC



Karen Nettles, FRP  
Litigation/Paralegal

KN/kn  
Enclosures

2019 JAN - 7 PM 4:36  
RECEIVED BY STAFF  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IL Primo Pizza & Wings VII, LLC

Name of Limited Liability Company

2019 JAN -7 PM 4:36  
SECRETARY OF STATE  
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:

Eric J. Vasquez, Esquire

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

4001 Tamiami Trail N., Suite 105

Address

Naples, Florida 34103

City/State and Zip Code

knettles@bsk.com

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

For further information concerning this matter, please call:

Karen Nettles

Name of Person

239

Area Code

659-3852

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

CR2F062 (9/15)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

2019 JAN -7 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Il Primo Pizza and Wings VII, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000244652

**THIRD:** Document to be corrected is: Name of limited liability company

**(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 name of the company was incorrectly changed. The correct name of the company should be IL Primo Pizza & Wings VII, LLC

**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.

/s/ Lucia Conti

01/04/2019

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:** \$25.00  
**Certified Copy:** \$30.00 (optional)

CASH ONLY IF ALL CHECK LOGO SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

BOND, SCHOENECK & KING, PLLC

Naples Imprest Account  
4001 Tamiami Trail North, Suite 250  
Naples, FL 34103

The Northern Trust Company  
NAPLES, FL 34103  
2-15/710

18482

10/25/2018

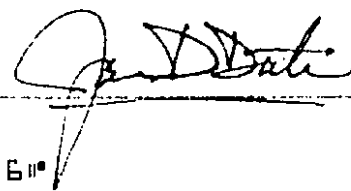
PAY TO THE ORDER OF Florida Department Of State- Division Of Corporations

\$ 25.00

Twenty-Five Only\*\*\*\*\*

DOLLARS

Filing fee



⑈018482⑈ ⑆071000152⑆ 2840193466⑈

BOND, SCHOENECK & KING, PLLC / Naples Imprest Account

18482

Florida Department Of State- Division Of Corporations  
402663

10/25/2018

25.00

NT Imprest BS&K PLLC Filing fee

25.00