

h21 000 394069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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09/24/21--01011--002 **25.00

2021 OCT 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 21 AM 11:49

October 3, 2021

SHANNON KING
12835 NE BEL-RED RD
STE 130
BELLEVUE, WA 98005

SUBJECT: CARIBBEAN PACIFIC LLC
Ref. Number: L21000398069

We have received your document for CARIBBEAN PACIFIC 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.

The registered agent must sign accepting the designation.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00023916

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Pacific 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:

Shannon King

Name of Person

TotalLegal

Firm/Company

12835 NE Bel-Red Rd. STE 130

Address

Bellevue, WA 98005

City/State and Zip Code

arronte38@gmail.com

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

For further information concerning this matter, please call:

Shannon King

Name of Person

at (

808

)
Area Code

391-2234

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Caribbean Pacific LLC

SECOND: The Florida Document number of the limited liability company is: 1.21000398069

THIRD: Document to be corrected is: Electronic Articles of Organization for Florida 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 Registered Agent's name and the Member's name is listed as NESTALIER A ARGUELLES. The last name is not correct. The name should be Nestalier Arronte Arguelles, with Nestalier as the first name and Arronte Arguelles as the last name.

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.

Signature of Authorized Representative

Date

10/18/2021

FILED
2021 OCT 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

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)