

121000453396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

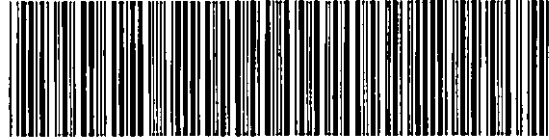
(Business Entity Name)

(Document Number)

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

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Office Use Only



100375559261

*Statement of  
Correction*

10/26/21--01010--021 \*\*30.00

2021 OCT 26 AM 11:27  
RECEIVED  
CLERK OF DISTRICT COURT

2021 OCT 26 AM 11:27

FILED

A. RAMSEY

NOV 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2021

JEAN SIMON VILLARI  
2773 TREE MEADOW LOOP  
APOPKA, FL 32712

SUBJECT: VILLARI INDUSTRIES, LLC  
Ref. Number: L21000453396

We have received your document for VILLARI INDUSTRIES, LLC and your check(s) totaling \$30.00. 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.

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: 521A00027094

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Villari Industries, 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:

Jean Simon Villari  
Name of Person

Villari Industries, LLC  
Firm Company

2773 Tree Meadow Loop  
Address

Apoka, FL 32712  
City/State and Zip Code

simonvillari@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Simon Villari      407      ~~850~~ 840-9002  
Name of Person      Area Code      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

FILED

STATEMENT OF CORRECTION  
FOR

2021 OCT 26 AM 11:27

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 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 \_\_\_\_\_

SECOND: The Florida Document number of the limited liability company is: L21000453396

THIRD: Document to be corrected is Florida Limited Liability

(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:

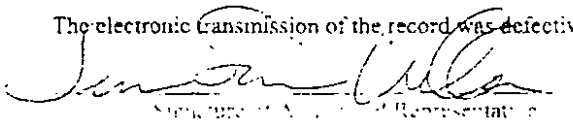
The document effective date was filed as 1/1/2022. I filed out the paperwork with the wrong date. Please update the effective date to be 11/11/2021.

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 New Registered Agent

11/15/2021  
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.*

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)