

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000254202347

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H220002542023ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954)366-3850
Fax Number : (954)633-7850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Taxright7@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRUPO TRICOLO LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

SECRETARY OF STATE
TELEPHONE: 850-487-2500

2022 JUL 27 AM 8:13

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUPO TRICOLO 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:

MIGUEL A ANTOR

Name of Person

GRUPO TRICOLO LLC

Firm/Company

220 LAKEVIEW DRIVE 209

Address

WESTON, FL 33326

City/State and Zip Code

TAXRIGHT7@YAHOO.COM

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

For further information concerning this matter, please call:

MIGUEL A ANTOR

736

779-7713

at (

Area Code

Daytime Telephone Number

Name of Person

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

CR2E062 (9/15)

SECRETARY OF STATE
TALLAHASSEE, FL 32303

2022 JUL 27 AM 8:19

APPROVED
AND
FILED

**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: GRUPO TRICOLO LLC

SECOND: The Florida Document number of the limited liability company is: L22000214347

THIRD: Document to be corrected is: L22000214347

(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 IS INCORRECT, THERE IS A MISSING LETTER IN THE WORD TRICOLO.

RIGHT WORD IS "TRICOLOR" WITH A "R" AT THE END

RIGHT NAME OF COMPANY IS: GRUPO TRICOLOR 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.

MIGUEL A ANTOR

07/26/2022

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.

Miguel A. Antor
Registered Agent's Signature

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