

L14000191689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

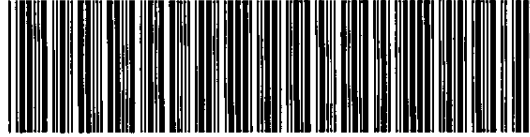
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN -5 PM 4:22

OK
1-15-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.MAISON 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:

IVO DE PAULA

Name of Person

NORTH-RICA RISK LLC

Firm/Company

2015 SOUTH TUTTLE AVE

Address

SARASOTA,FLORIDA,FL 34239

City/State and Zip Code

CONTACT@NORTH-RICA.US

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

For further information concerning this matter, please call:

MR. ROMANI ,L,R

434

202-3464

at ()

Name of Person

Area Code

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 15 JAN -5 PM 4: 22

FIRST: The name of the limited liability company is: M.MAISON LLC

SECOND: The Florida Document number of the limited liability company is: L14000191689

THIRD: Document to be corrected is:
DETAIL ENTITY MEMBER INFO

(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:

MEMBER NAME IS INCORRECT -SPELLING WRONG --(NORTH-RICA LLC)

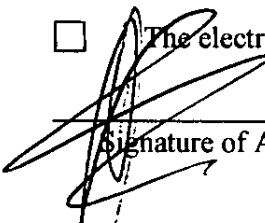
CORRECT MEMBER NAME IS----NORTH-RICA RISK LLC----

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.

 Signature of Authorized Representative

DEC 30th 2014
Date

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