

L17000151194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

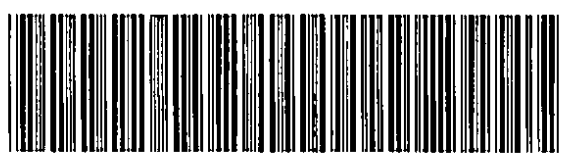
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
UBIC

Office Use Only



000301365920

07/24/17--01040--004 \*\*25.00

FILED  
17 AUG -7 PH 3:55  
OFFICE OF THE STATE  
CLERK OF FLORIDA

S. WARREN  
AUG 08 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2017

BRUCE H. VANDERLAAN  
2029 BAYSIDE PARKWAY  
FORT MYERS, FL 33901

SUBJECT: BERND MANDERSCHIED & ASSOCIATES, LLC  
Ref. Number: L17000151194

We have received your document for BERND MANDERSCHIED & ASSOCIATES, 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 517A00015308

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BERND MANDERSCHIED & ASSOCIATES, 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:

**BRUCE H. VANDERLAAN**

Name of Person

**BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.**

Firm/Company

**2029 BAYSIDE PARKWAY**

Address

**FORT MYERS, FL 33907**

City/State and Zip Code

**BRUCE@BRUCEVANDERLAAN.COM**

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

For further information concerning this matter, please call:

**BRUCE VANDERLAAN** at **239** **220-3326**

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**

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: BERND MANDERSCHIED & ASSOCIATES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000151194

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(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 COMPANY NAME IS MISSPELLED. IT SHOULD BE SPELLED MANDERSCHIED,

AS SHOULD THE NAME OF THE MANAGER, BERND MANDERSCHIED.

**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.

Bruce H. Vandusen  
Signature of Authorized Representative

8/3/17  
Date

FILED  
17 AUG - 7 PM 3: 55  
TALLAHASSEE STATE  
FLORIDA

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)**