

L200000

98190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

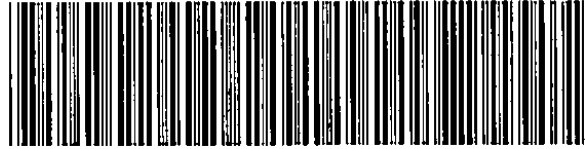
(Document Number)

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cial Instructions to Filing Officer:

Sign

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

STANTON OLSEN
1015 SAGO PALM WAY
APOLLO BCH, FL 33572

SUBJECT: PALM HAVEN MANAGEMENT & COUNSULTANTS LLC
Ref. Number: L20000098190

We have received your document for PALM HAVEN MANAGEMENT & COUNSULTANTS LLC and your check(s) totaling \$60. 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 620A00022834

Thank you
Stanton Olsen

COVER LETTER

Registration Section
Division of Corporations

Palm Haven Management and Consultants LLC - Name Correction

SUBJECT: _____
Name of Limited Liability Company

Mr. 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:

Newton Olsen

Name of Person

Palm Haven Management and Consultants LLC

Firm/Company

55 Sago Palm Way

Address

Orlando Beach FL 33572

City/State and Zip Code

nhavenmc@gmail.com

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

For further information concerning this matter, please call:

Newton W Olsen Jr

757

254-4099

at (

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

The 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.

STATE: The name of the limited liability company is: Palm Haven Management and Consultants LLC
(Consultants is misspelled in Sunbiz)

COND: The Florida Document number of the limited liability company is: L20000098190

IRD: Document to be corrected is: Palm Haven Management and Consultants LLC L20000098190 registration

(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:

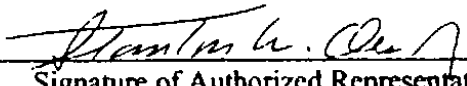
Consultants is misspelled in Sunbiz. Should read: Palm Haven Management and Consultants LLC

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.

X  11/18/2020
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).

Now 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 effect 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)