L20000098190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 24 2020

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

COVER LETTER

Registration Section
Division of Corporations

UJECT: Palm Haven Management and Consultants LLC - Name Correction
Name of Limited Liability Company

r Sir or Madam:

enclosed Statement of Correction and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

iton Olsen
Name of Person

n Haven Management and Consultants LLC
Firm/Company

5 Sago Palm Way
Address

)llo Beach FL 33572
City/State and Zip Code

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

further information concerning this matter, please call:

iton W Olsen Jr at (757) 254-4099
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

:losed 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

2E062 (9/15)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

suant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

ST: The name of the limited liability company is: Palm Haven Management and Counsultants 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

nature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign epting the designation).

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely ect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing his change.

_____
Registered Agent's Signature

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