

LOI 000019755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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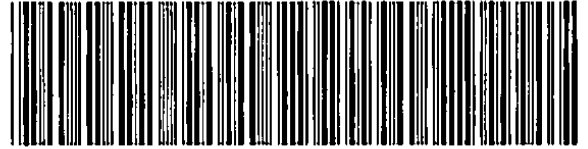
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

DOUBLE CAMP 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:

Robert F. Pirkovich, Jr.

Name of Person

Firm/Company

634 VIRGINIA DR.

Address

ORLANDO FL 32803

City/State and Zip Code

bmars@75@aol.com

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

For further information concerning this matter, please call:

Robert F. Pirkovich

Name of Person

at (407)

Area Code

761-7203

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

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: DOUBLE CAMP LLC

SECOND: The Florida Document number of the limited liability company is: 6010000197

THIRD: Document to be corrected is: EIN

(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:

EIN # 59-3422718 IS NOT COR.
THE CORRECT EIN IS 26-0005

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:

OR

☐ The electronic transmission of the record was defective.

[Signature] _____
Signature of Authorized Representative Date 9/3/21

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must accept 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Registered Agent's Signature

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