

L-02000020363

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cirque Investments 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:

Michael S Engelhardt

Name of Person

Cirque Investments LLC

Firm/Company

8561 Egret Lakes Lane

Address

West Palm Beach FL 33412

City/State and Zip Code

mse@aviax.com

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

For further information concerning this matter, please call:

Michael S Engelhardt

561

309-0700

Name of Person

at (_____) 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: Cirque Investments LLC

SECOND: The Florida Document number of the limited liability company is: L02000020363

THIRD: Document to be corrected is:
2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

(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 name and address of members/managers was incorrect due to an omission.

The following name is to be added:

Title: MGR

Philip L Engelhardt, Post Office Box 721, Palo Alto, CA 94302-0721

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

July 29, 2015

Date

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

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TALLAHASSEE, FLORIDA