L07000093624

(Address)
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PICK-UP WAIT MAIL
(Business Entity Name) L07-93624 (Document Number)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of Control	Section Corporations		
SUBJECT: MIST	ER CHILE, LLC		
	(Name o	of Limited Liability Co	mpany)
Dear Sir or Madam:			
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this	matter to the followin	g:
JOHN PAULIC	H, III		_
	(Name of Person)		_
PAULICH, SLAC	K & WOLFF, P.A.		_
	(Firm/Company)		
5147 CASTELLO	DRIVE		_
	(Address)		_
NAPLES, FL 34			_
	(City/State and Zip Code)		
For further information	on concerning this matter, p	please call:	
JOHN PAULICH,		at (239	_) 261-0544
(Na	me of Person)	(Area Code d	& 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 t	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

CR2E062 (08/05)



October 2, 2007

JOHN PAULICH, III PAULICH, SLACK & WOLFF, P.A. 5147 CASTELLO DRIVE NAPLES, FL 34103

SUBJECT: MISTER CHILE, LLC Ref. Number: L07000093624

We have received your document for MISTER CHILE, 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):

There was no mailing address on the filing just a principal office location which you have to have a physicial location. Are you wanting to add the mailing address?

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) 245-6067.

Letter Number: 107A00057620

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY SECRETARY OF STATE
TALL AND STATE
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TO SUMMITTED WITH THE REQUIRED STATE
TO SUMMITTED WITH THE SUM THE Pursuant to section 608.4115, F.S., this document is being submitted within the required 36 EE, business days to correct the attached articles of organization or application to transact business in Florida.

FIRST MISTER	The name of the limited liability company is:				
SECO	ND: The articles of organization or the application to transact business IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
<u>(Cr</u>	IECK THE APPROPRIATE BUX 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: ARTICLE II - The mailing address of the Limited Liability Company is:				
	Is incorrect and should be as follows:				
	P.O. Box 366084, Bonita Springs, FL 34136-6084 - Mailing Address				
	Physical Address: 26455 Old 41 Road, Bonita Springs, FL 34135				
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:				
Dated:	September 26, 2003				
	Signature of a member or authorized representative of a member				
	John Paulich, III				
	Typed or printed name of signee				
	Filing Feet \$25.00				

Certified Copy:

\$30.00 (optional)