

LO7000125168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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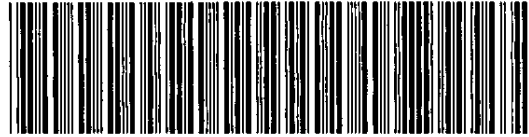
(Business Entity Name)

(Document Number)

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2015 SEP -1 P 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2015

12:19 P

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBB MANAGEMENT, 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:

Constance Buchanan

Name of Person

North Florida Guardian and Family Services

Firm/Company

1900 S.W. Brim Street

Address

Lake City, Florida 32024

City/State and Zip Code

constance.buchanan@gmail.com

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

For further information concerning this matter, please call:

D. Grant Leggett

904

281-9102

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

CR2B062 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP - 1 P 12:19

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**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: MBB MANAGEMENT, LLC

**SECOND:** The Florida Document number of the limited liability company is: L07000125168

**THIRD:** Document to be corrected is:  
2015 AMENDED 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:

SEE ATTACHED STATEMENT

**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.

Constantine Buchanan 08/28/15  
Signature of Authorized Representative Date

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

The name and address of the registered agent and the name and address of the authorized person(s) detail are **incorrect** as filed in the 2015 amended annual report. The **incorrect** information is as follows:

Name and Address of Current Registered Agent:

Constance Buchanan  
19 S.W. Brim Street  
Lake City, Florida 32024 US

Authorized Person(s) Detail:

Title: Manager, President  
Name: Constance Buchanan  
Address: 19 S.W. Brim Street  
City-State-Zip: Lake City, Florida 32024

The **correct** name and address for the registered agent and the **correct** name and address for the authorized person(s) detail, being the same person for both, are as follows:

Name and Address of Current Registered Agent:

Constance Buchanan, guardian for Maureen Bellantoni  
1900 S.W. Brim Street  
Lake City, Florida 32024 US

Authorized Person(s) Detail:

Title: Manager, President  
Name: Constance Buchanan, guardian for Maureen Bellantoni  
Address: 1900 S.W. Brim Street  
City-State-Zip: Lake City, Florida 32024

**FILED**  
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TALLAHASSEE, FLORIDA