

L080000/3389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAR - 3 2008

EXAMINER

Office Use Only



200119008572

02/29/08--01016--008 **25.00

FILED
2008 FEB 29 P 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNC ENTERPRISES LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

SHAAN A. CHARRAN

(Name of Person)

SNC ENTERPRISES LLC

(Firm/Company)

PO BOX 302

(Address)

MINNEOLA FLORIDA 34755

(City/State and Zip Code)

For further information concerning this matter, please call:

SHAAN A. CHARRAN

(Name of Person)

at (352)

874-1839

(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

CR2E062 (08/05)

2008 FEB 29 P 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 SNC ENTERPRISES LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

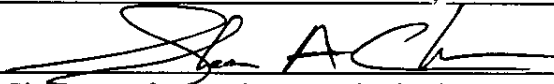
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE MGRM IS INCORRECT, THE CORRECT MGRM'S SHOULD BE SHAAN A. CHARRAN AND
NARISHA K. CHARRAN. WE DO NOT HAVE ANY MGR'S AT THIS TIME

OR

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

Dated: FEBRUARY 21, 2007



Signature of a member or authorized representative of a member

SHAAN A. CHARRAN

Typed or printed name of signee

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

FILED
FEB 29 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA