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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maid In Heaven  
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:

Dawn Marie Williams

Name of Person

Maid In Heaven

Firm/Company

18812 48th Avenue North

Address

Loxahatchee, Fl, 33470

City/State and Zip Code

sky58472001@yahoo.com

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

For further information concerning this matter, please call:

Dawn Williams

Name of Person

at ( 561 )

308-4983

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:  
Maid In Heaven

**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:  
Please put my name Dawn Marie Williams under the mgrm area.

Also here is my ein number 27-1935256

**Please change the name under legal representative to my name.**

**OR**

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

Dated: February 22, 2010

Signature of a member or authorized representative of a member

## Dawn Williams

Typed or printed name of signee

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

CR2E062 (08/05)

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