

L10000125224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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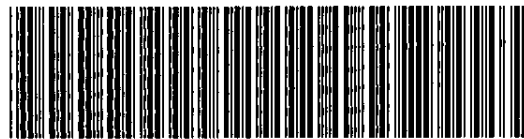
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chomp Chomp Scuba, 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:

Mariel Strader

Name of Person

Chomp Chomp Scuba, LLC.

Firm/Company

1272 Honey Blossom Drive

Address

Orlando, FL 32824

City/State and Zip Code

mariels76@gmail.com

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

For further information concerning this matter, please call:

Mariel Strader

Name of Person

at (407)

616-9691

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)

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TALLAHASSEE, FLORIDA

**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: Chomp Chomp Scuba, LLC. L10000125224

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:

No managing members were listed on original filing. Please list the following

person as the managing member- Mariel Strader, 1272 Honey Blossom Drive,

-Orlando, FL 32824. Phone number: 407-616-9691

OR



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

FILED
10 DEC 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: December 9 2010


Signature of a member or authorized representative of a member

Mariel Strader

Typed or printed name of signee

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