

#L11000/03360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

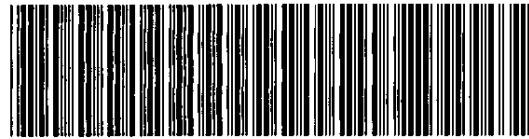
(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 20 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRIS MARVIN 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:

CHRIS MARVIN

Name of Person

CHRIS MARVIN

Firm/Company

2321 SE CHARLESTON DR

Address

PORT ST LUCIE, FL 34952

City/State and Zip Code

SPRUNGERD@BMHTAXES.COM

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

For further information concerning this matter, please call:

DANIEL SPRUNGER

Name of Person

at (772)

286-7005

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)

