

L11000106269 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

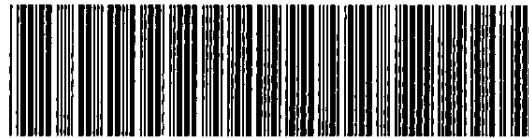
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 12 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mary Ellens Kitchen  
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:

Natasha Daniel  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 7531  
Address

Indian Lake Estates FL 33855  
City/State and Zip Code

tasha32010@hotmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Natasha Daniel at (863) 455-2066  
Name of Person 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

**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:

Mary Ellens Kitchen  
LLC  
L11000106269

**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:

Need to Add a Member:  
Robert A. Daniel (Husband)  
Same address as Natasha Daniel

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11 OCT 11 PM 2:44  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

Dated: 10/5/11

Natasha Daniel

Signature of a member or authorized representative of a member

Natasha Daniel

Typed or printed name of signee

**Filing Fee:**

**\$25.00**

**Certified Copy:**

**\$30.00 (optional)**