

L11000145258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 15 PM 1:00

MAY 22 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: www.eliterprofinetwork.com/shoppingmallontheinternet/#,LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Beverly C. Sanders

Name of Person

www.eliterprofinetwork.com/shoppingmallontheinternet/#,LLC
Firm/Company

602 Hamster Lane

Address

Kissimmee, Florida 34759

City/State and Zip Code

Bevmall@hotmail.com

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

For further information concerning this matter, please call:

Beverly Sanders

Name of Person

443

Area Code

206-0449

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 (2/14)

5-12-14

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: www.eliterprofinetwork.com/shoppingmall
ON THE INTERNET/LLC

SECOND: The Florida Document number of the limited liability company is: L11000145258

THIRD: Document to be corrected is:
Principal Office Address and name of limited liability company

(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:

Incorrect Statement is: 602 Hamster Lane, Kissimmee, Florida 34759

The reason for correction is new address.

The new address is: 1541 E. Irl Bronson Memorial Highway, St. Cloud, Florida 34771

Incorrect name is www.eliterprofinetwork.com/shoppingmallontheinternet/LLC. THE CORRECT
NAME IS: LEGAL MEDICAL MARIJUANA CERTIFICATION CENTER, LLC
OR THE REASON FOR NAME CHANGE IS TO RELATE SPECIFICALLY TO OUR PRODUCT.

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

OR

☐ The electronic transmission of the record was defective.

Beverly Sanders

5/12/14

Signature of Authorized Representative

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 15 PM 1:01

CK # 2098
\$25.00 enclosed

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