

L12000113373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

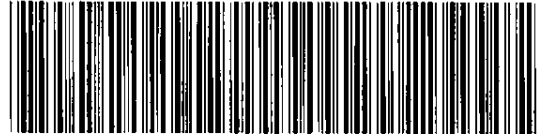
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
17 APR 10 AM 9 17
SCOTT COUNTY, ARK.
MAR 10 2017

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APR 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2017

DEAN BARDINO
1835 E HALLANDALE BEACH BLVD #282
HALLANDALE, FL 33009

SUBJECT: DPH DIVERSIFIED LLC.
Ref. Number: L12000113373

We have received your document for DPH DIVERSIFIED LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 717A00002749

2017 APR 10 PM 3:41

FILED
17 APR 10 PM 3:17
SECRET
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.P.H. DIVERSIFIED, 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:

DEAN BARDINO
Name of Person

D.P.H. DIVERSIFIED, LLC.
Firm/Company

1835 E. HALLANDALE BEACH BLVD. #282
Address

HALLANDALE, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

DEAN BARDINO at (786) 395-9495
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

CR2E062 (9/15)

☒ \$52.50 FEE SENT BEFORE

FILED
17 APR 10 PM 9 18

**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: D.P.H. DIVERSIFIED, LLC.

SECOND: The Florida Document number of the limited liability company is: L12000113373
L12000113373

THIRD: Document to be corrected is: _____

(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:

TITLE MGRM: MUSCARELLE, MATTHEW

700 N.E. 90 ST, MIAMI SHORES, FL 33138

MATTHEW MUSCARELLE WAS NOT A PARTNER,
OWNER OR MANAGING MEMBER OF D.P.H.
DIVERSIFIED, LLC. IN 2014 OR 2015. MATTHEW
MUSCARELLE BECAME A MANAGING MEMBER OF
D.P.H. DIVERSIFIED, LLC AGAIN IN

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: AND OWNER 2016

THE ONLY MANAGING MEMBER OF
D.P.H. DIVERSIFIED, LLC. IN 2014 AND 2015

WAS TITLE MGRM: BARDINO, DEAN
1835 E. HALLANDALE BCH. BLVD. #282
HALLANDALE, FL. 33009

☒ The electronic transmission of the record was defective.

Dean Bardino
Signature of Authorized Representative

4.7.17
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dean Bardino
Registered Agent's Signature

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