

# LI2000135134

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

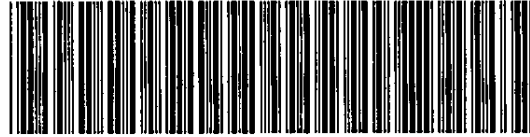
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 SEP 17 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 18 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MNAM SERVICES, 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:

**KRISTY J. WHITE**

Name of Person

**CS SUNBIZ, LLC**

Firm/Company

**700 WEST MORSE BOULEVARD, SUITE 220**

Address

**WINTER PARK, FLORIDA 32789**

City/State and Zip Code

**KWHITE@AHG-GROUP.COM**

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

For further information concerning this matter, please call:

**KRISTY J. WHITE**

Name of Person

**407**

Area Code

**691-5600**

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

**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: MNAM SERVICES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000135134

**THIRD:** Document to be corrected is: 2015 LIMITED LIABILITY COMPANY ANNUAL REPORT

**(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:

"CURRENT PRINCIPAL PLACE OF BUSINESS", "CURRENT MAILING ADDRESS", AND

"AUTHORIZED PERSON(S) DETAIL" ARE INCORRECT. THE CORRECTIONS ARE AS FOLLOWS:

<u>CURRENT PRINCIPAL ADDRESS</u>	<u>CURRENT MAILING ADDRESS</u>	<u>AUTHORIZED PERSON(S) DETAILS</u>
10801 SYCAMORE SPRINGS LANE GREAT FALLS, VA 22066	P.O. BOX 380 GREAT FALLS, VA 22066	ADDRESS: P.O. BOX 380 CITY-STATE-ZIP: GREAT FALLS, VA 22066

**OR**

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

THE "ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE" IS INCORRECT.

THE APPROPRIATE CORRECTION IS AS FOLLOWS:

SIGNATURE: JOSEPH VALANDRA	MEMBER	03/03/2015
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**OR**

- ☐ The electronic transmission of the record was defective.

9-11-2015

Signature of Authorized Representative

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.*

Registered Agent's Signature

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

FILED  
SEP 17 PM 5:05  
CLERK OF STATE  
TALLAHASSEE FLORIDA