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TALLAHASSEE, FLORIDA

NOV 06 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY FUN ZONE, 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:

ANGELA E. THOMAS-DUPREE

Name of Person

FAMILY FUN ZONE, LLC

Firm/Company

16358 MARIPOSA CIR. S.

Address

FT. LAUDERDALE, FL 33331

City/State and Zip Code

familyfunzonemiamifun@gmail.com

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

For further information concerning this matter, please call:

ANGELA E. THOMAS-DUPREE

954

662-2260

Name of Person

at ()

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

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TALLAHASSEE FLORIDA

**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: FAMILY FUN ZONE, LLC

SECOND: The Florida Document number of the limited liability company is: 46-3853158

THIRD: Document to be corrected is:
Detail by Entity Name : Authorized Person

(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:

The authorized persons middle initial must me added:

As printed: DuPree, Clyde change to add middle initial DuPree, Clyde S.

As printed: Thomas-DuPree, Angela change to add middle initial Thomas-DuPree

Angela E.

OR

- ☐ 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.

Angela E. Thomas-DuPree
Signature of Authorized Representative

10/29/2014
Date

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TALLAHASSEE FLORIDA

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