

L13000157204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

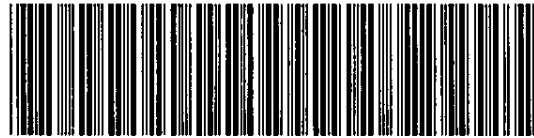
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 3 2013

T. BROWN

Ann Theresa Brown

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pet Concierge of Naples, LLC

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:

Christine Smith

Name of Person

Pet Concierge of Naples, LLC

Firm/Company

8401 Benelli Ct

Address

Naples, FL 34114

City/State and Zip Code

mrssmith0713@gmail.com

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

For further information concerning this matter, please call:

Christine Smith

Name of Person

at 201 5780510

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:  
Pet Concierge of Naples, LLC

**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:

The effective date of 1/1/14 is incorrect and should be corrected to 11/8/13.

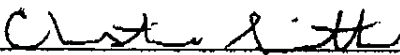
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

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

Dated: December 3, 2013



Signature of a member or authorized representative of a member

Christine Smith

Typed or printed name of signee

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA