

L1400002802L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JUL - 3 P 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUL - 3 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Selfmade Realty 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:

GORY BLANK Donald Blank
Name of Person

Selfmade Realty LLC
Firm/Company

5551 NW 51ST AVE
Address

COCONUT CREEK, FL 33073
City/State and Zip Code

DBB9309@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON BLANK at 786 985 7522
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF CORRECTION
FOR**

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: Selfmade
Reality LLC

SECOND: The Florida Document number of the limited liability company is: 414000028026

THIRD: Document to be corrected is:
Self made Realty LLC

(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:

An error in the business name
Currently as: Selfmade Reality,
LLC. Needs to be corrected
to Selfmade Realty LLC

OR

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date _____

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