

L14000044858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

THERESA KENNEY
4348 S POINT BLVD SUITE 101
JACKSONVILLE, FL

SUBJECT: MIJAX DELTONA LLC
Ref. Number: L14000044858

We have received your document for MIJAX DELTONA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00009725

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIJAX DELTONA LLC
Name of Corporation

DOCUMENT NUMBER: L 14000044858

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA KENNEY
Name of Contact Person

DUSS, KENNEY, SAFER, HAMPTON JOOS PA
Firm/Company

4348 SOUTH POINT BLVD SUITE 101
Address

JACKSONVILLE, FL
City/State and Zip Code

PASCAL @ MIJAX PROPERTIES. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PASCAL BRYAN at (501) 361-8018
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: MIJAX DELTONA LLC

SECOND: The Florida Document number of the limited liability company is: L14000044858

THIRD: Document to be corrected is:
Electronic Articles of Organization for Florida Limited Liability Company

(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:

Manager's name is spelled incorrectly. Please correct to BRYAN, JULIAN, IV

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.

Signature of Authorized Representative

05/13/14

Date

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