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K. SALY EXAMINER

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COVER LETTER

Registration Section
Division of Corporations

TO:

subject: <u>Ca</u> j	st. Jay Wang F	Fishing Cha	nters, LLC
ļ	1 1	Name of V imited Lia	bility Company
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	ıg.
Please return all corre	espondence concerning this	matter to the following	g:
	Capt. Ann Wa	ng	_
Capt. Jay 1	Wang Fishing Film/Company	Charters, L	<u></u>
20722 20	d Avenue l	\mathcal{N}	_
Endjøg Ke	City/State and Zip Code	042	_
	Abotnail. Co		_
For further information	on concerning this matter, p	please call:	
Ann Wane	e of Person	at (305	Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Fallahassee, Florida 3	R ADDRESS: ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check t	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
CR2E062 (2/14)			

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STATEMENT OF CORRECTION FOR

2014 MAR 31 PM 4: 46

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY SECRETARY

Pursua	ınt to se	FALLAHASSE OF STATE pection 605.0209, F.S., this document is being submitted to correct a previously filed document <i>LORIDA</i>		
FIRST	<u>r</u> :	The name of the limited liability company is:		
		Capt. Jay Wang Fishing Charters, LLC		
SECOND: The Florida Document number of		The Florida Document number of the limited liability company is: <u>L1400004953</u>		
THIRD:		Document to be corrected is:		
		Please add Ann Wang to it as one of the owners		
	(CF	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	Ford	EIN# is 46-5222706		
	The	EIN# is 46-5222706		
	Tha	nk you for your help.		
	<u>OR</u>	' '		
		efectively signed. The manner in which the document was defectively signed and the appropriate tion are as follows:		
				
	<u>OR</u>			
	The el	ectronic transmission of the record was defective.		
		3/28/2014		
Sig	nature	of Authorized Representative Date		

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)