

L1400000101356

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TALLAHASSEE, FLORIDA

'APR 24 2014

J. BRUCI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mary Van Hansen 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:

Mary Hansen

Name of Person

Mary Van Hansen

Firm/Company

2300 Bluff Oak Way Apt 9201

Address

Tallahassee, FL 32311

City/State and Zip Code

maryvanhansen@yahoo.com

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

For further information concerning this matter, please call:

August Hansen

at (850) 2644800

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

CR2E062 (2/14)

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CLERK OF STATE
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: Mary Van Hansen LLC

SECOND: The Florida Document number of the limited liability company is: L14000061356

THIRD: Document to be corrected is:
Articles Of Organization-Authorized Person Detail

(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:

August Hansen was mistakenly listed as the MGR. Please remove.

Replace it with Mary Hansen as the OWNER

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

04/15/2014

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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