

L14 000085869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

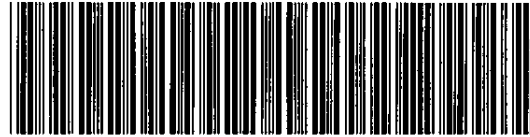
(Business Entity Name)

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JULIAN, KY. - 1000A
14 JUN 13 AM 10:32
2014 JUN 13

J. Shivers JUN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJSM Property Holding, 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:

Tina Zamatetdinov

Name of Person

Nishad Khan, P.L.

Firm/Company

615 E. Colonial Drive

Address

Orlando, FL 32803

City/State and Zip Code

tina@nishadkhanlaw.com

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

For further information concerning this matter, please call:

Tina Zamatetdinov

Name of Person

at (407) 228-9711

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

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.

14 JUN 13 AM 10:32

FIRST: The name of the limited liability company is:

ASIM Property Holding, LLC

SECRET
TALLAHASSEE, FLORIDA

SECOND: Document to be corrected is:

(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 manager's name should be as follows:

Alfredo J. Solarte

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

Date

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

CR78062 (12/13)