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FILED
JUL 14 2014
TALLAHASSEE, FLORIDA

J Shivers JUL 02 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MAN OF THE HAT

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:

RAYLI RODRIGUEZ

Name of Person

THE MAN OF THE HAT, LLC

Firm/Company

7050 NW 177th STREET, APT 107

Address

MIAMI LAKES, FL 33015

City/State and Zip Code

raylir@yahoo.com

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

For further information concerning this matter, please call:

EMMANUEL J ROUZA

Name of Person

305

Area Code

910-6973

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

CR2E062 (2/14).

**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: THE MAN OF THE HAT

SECOND: The Florida Document number of the limited liability company is: L14000102186

THIRD: Document to be corrected is:
OFFICER NAME NEEDS TO BE CORRECTED / MISSPELLED NAME

(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:

INCORRECT OFFICER NAME: RODRIGUEZ, ROMAN ANTONIO

CORRECT OFFICER NAME: RODRIGUEZ, RAMON ANTONIO

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

6/26/2014

Date

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