

L14 000 157830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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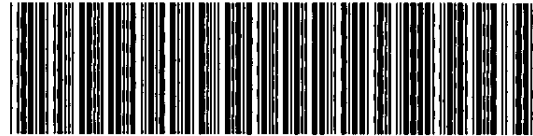
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 0 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Physical Literacy For Adolescents, 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:

Michael Hagen

Name of Person

Hagen Law Firm

Firm/Company

6249 Presidential Ct Ste F

Address

Fort Myers FL 33919

City/State and Zip Code

info@mikehagen.com

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

For further information concerning this matter, please call:

Michael hagen

239

275-0808

at (

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

**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: Physical Literacy For Adolescents, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000157830

**THIRD:** Document to be corrected is:  
Articles of organization

**(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:

1) Reg. agent/MGR's 1st name misspelled, should be Wickmann (not Wickman)

2) Reg. agent's address # misspelled, should be 11300 (not 1130) Lindbergh

Blvd. #110 Fort Myers FL 33913

**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.

Marked Haagen attorney-in-fact  
Signature of Authorized Representative

10-30-2014  
Date

Filing Fee:  
Certified Copy:

\$25.00  
\$30.00 (optional)