

L14000179219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SMFX, 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:

Richard Corey

Name of Person

Law Offices of Richard Corey, PLLC

Firm/Company

888 South Andrews Ave, Ste 201

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

rcorey.ent@gmail.com

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

For further information concerning this matter, please call:

Richard Corey

Name of Person

at (**954**) **336-9306**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2015

RICHARD P. COREY, ESQ.
888 SOUTH ANDREWS AVENUE, SUITE 201
FORT LAUDERDALE, FL 33316

SUBJECT: SMFX LLC
Ref. Number: L14000179219

We have received your document for SMFX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WE REGRET WE ARE UNABLE TO COMPLY WITH YOUR REQUEST. THE ORIGINAL ARTICLES OF DISSOLUTION WILL REMAIN ON THE WEBSITE AS THEY ARE PUBLIC RECORD. THERE IS NO PROVISION TO FILE AN AMENDED DISSOLUTION - YOU CAN FILE A STATEMENT OF CORRECTION (FORM ENCLOSED) BUT THE ORIGINAL DISSOLUTION WILL NOT BE REMOVED FROM SUNBIZ.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00024301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2015

RICHARD COREY
888 SOUTH ANDREWS AVENUE, SUITE 201
FORT LAUDERDALE, FL 33316

SUBJECT: SMFX LLC
Ref. Number: L14000179219

We have received your document for SMFX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00025037

**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: SMFX, LLC

SECOND: The Florida Document number of the limited liability company is: L14000179219

THIRD: Document to be corrected is: Voluntary Dissolution files on 6/29/15

(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 description of the occurrence that caused the LLC's dissolution is incorrect as originally filed. Per the members mutual agreement, please accept the following as the official description of dissolution:

"The Owners mutually agreed on a voluntary dissolution of the company"

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.

Richard Corey
Signature of Authorized Representative

12/1/15
Date

Signature of new registered agent, if applicable: (NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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

FILED
NOV 30 A 11:35
CLERK OF STATE
TALLAHASSEE, FLORIDA