L14000182947

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T. HAMPTON

COVER LETTER

TO: Registration Division of	n Section f Corporations		•	
	ger E 13 LLC	† ₂₁		
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Staten	nent of Correction and fee(s)	are submitted for filin	g.	
Please return all cor	respondence concerning this	matter to the following	g:	
Michael A McN	Mahan			
	Name of Person		-	
			_	
	Firm/Company			
199 Appian St				
	Address		~	
Port Charlotte,	FI 33954			
	City/State and Zip Code		_	
mmcmahan19	52@yahoo.com			
E-mail addres	s: (to be used for future annu	al report notification)	-	
For further information concerning this matter, please call:				
Michael A McN	lahan 💮	254	913 1176	
N	ame of Person	Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	tions ter Circle		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)				

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. The name of the limited liability company is: Hanger E 13 LLC FIRST: The Florida Document number of the limited liability company is: L14000182947 **SECOND:** Document to be corrected is: THIRD: **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: Name misspelled Correction should be Hangar E 13 LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 12/2/2014 Signature of Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)