

L14000185222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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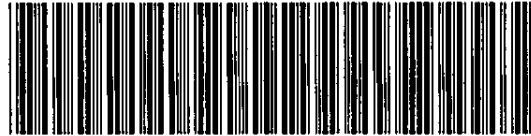
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 14 2015

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARAZING 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:

Robert Marotto

Name of Person

MARAZING LLC

Firm/Company

13202 Sumpter Circle

Address

Hudson, FL 34667

City/State and Zip Code

joffreys@hotmail.com

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

For further information concerning this matter, please call:

Robert Marotto

727

776-0605

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

CR2E062 (2/14)

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TALLAHASSEE, FLORIDA

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**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: MARAZING LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000185222

**THIRD:** Document to be corrected is:  
Electronic Article 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) The effective date should be Jan 01, 2015

2) The authorized personal are Robert Marotto and Bridget Marotto

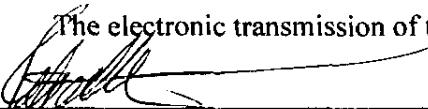
**OR**

☐ 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

12/24/2014

Date

Robert Marotto

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

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