

# L14000195493

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

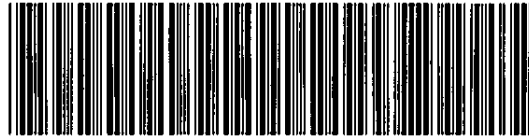
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 FEB -3 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outman FEB -4 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notegarden 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:

Anna Baumgartner

Name of Person

Notegarden

Firm/Company

4010 S. Hiatus Road

Address

Davie, Fl. 33330

City/State and Zip Code

notegardenllc@gmail.com

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

For further information concerning this matter, please call:

Anna Baumgartner

at ( 954 ) 294-9666

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

Florida  
Dept of State

### 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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2015

ANNA BAUMGARTNER  
4010 E HIATUS ROAD  
DAVIE, FL 33330

SUBJECT: NOTEGARDEN LLC  
Ref. Number: L14000195493

We have received your document for NOTEGARDEN LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00000955

RECEIVED  
15 FEB -3 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**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: Notegarden LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000195493

**THIRD:** Document to be corrected is:  
Spelling of name of Manager

**(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 incorrect spelling is Anna Baungaertner

The corrected spelling is Anna Baumgartner

This was a typo on my part

**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.

Anna Baumgartner

Signature of Authorized Representative

1/2/2015

Date

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

FILED  
2015 FEB - 3 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA