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623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2015

JENIFER GREVE
1485 CANOPY LANE #204
ORANGE CITY, FL 32763

SUBJECT: JENIFER NICHOLE LLC
Ref. Number: L15000001063

We have received your document for JENIFER NICHOLE LLC and your check(s) totaling \$30.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00001394

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JENIFER NICOLE 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:

JENIFER NICOLE GREVE

Name of Person

JENIFER NICOLE LLC

Firm/Company

1485 Canopy Lane #204

Address

Orange City, FL 32763

City/State and Zip Code

dalevaccounting@gmail.com

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

For further information concerning this matter, please call:

Jenifer Greve

386

490-9420

Name of Person

at (_____) _____

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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

FIRST: The name of the limited liability company is: JENIFER NICHOLE LLC

SECOND: The Florida Document number of the limited liability company is: L15000001063

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:

Name is hereby corrected to: JENIFER NICOLE LLC

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.

Jenifer Nicole
Signature of Authorized Representative

3/11/15
Date

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

SECRETARY OF STATE
JANUARY 14, 2015 11:13 AM

15 MAR 11 PM 4:13

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