

L15000014239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

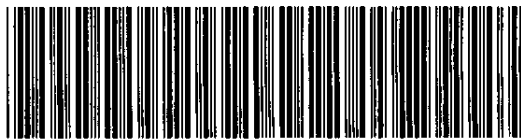
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200272760032

05/11/15--01031--029 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN -9 PM 1:02

FILED

JUN 18 2015

Y SULKER

MAY 21 2015

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

SHANNON ILLCH
3221 VESPER AVE
SARASOTA, FL 34232

SUBJECT: SHANIMAL LLC
Ref. Number: L15000014239

RECEIVED
15 JUN -9 PM12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SHANIMAL LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 615A00010767

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shan:mal 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:

Shannen Ilch
Name of Person

Firm/Company

3221 vesper Ave
Address

Sarasota FL 34232
City/State and Zip Code

shannenilch@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannen Ilch at (941) 302-7003
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

**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: Shanimal LLC

SECOND: The Florida Document number of the limited liability company is: L15000014239

THIRD: Document to be corrected is:
Articles of Organization for LLC

(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:

Shannon Ilch should be listed as
Manager. Joel Ilch should be listed
as Registered Agent.

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.

S. Allen 6/2/15
Signature of Authorized Representative Date

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

2015 JUN -9 PM 1:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA