

L5000024862

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S. YOUNG

TO: Registration Section  
Division of Corporations

SUBJECT: M-CAPTURED 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:

MICHELLE MARIE MYERS  
Name of Person

M-CAPTURED LLC  
Firm/Company

18300 SE LOXAHATCHEE RIVER RD.  
Address

JUPITER FLORIDA 33458  
City/State and Zip Code

CHEIMYERS@ADL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE MYERS at ( 561 ) 214-0399  
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

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**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: H-CAPTURED LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000024863

**THIRD:** Document to be corrected is:

ARTICLE NUMBER 4 (IV)

**(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:

"HGR"

MICHELIE MARIE MYERS

18300 S.E. LOXAHATCHEE RIVER RD

JUPITER, FLORIDA 33458

**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.

Michelle Marie Myers  
Signature of Authorized Representative

2/22/15  
Date

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