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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·		
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Special Instructions to Filing Officer:				





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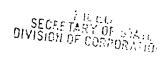
C1.3715

COVER LETTER

TO: Registration Division of			
PALN SUBJECT:	MER'S ENGLISH LLO	_	
		Name of Limited Lia	bility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) are submitted for filin	ng.
Please return all corr	espondence concerning this	s matter to the followin	g:
KIMMESHA PA	LMER		
	Name of Person		_
PALMER'S EN	GLISH LLC		
	Firm/Company		_
5280 SUNSET	CANYON DR		
. ,	Address		- ···
KISSIMMEE, F	L 34758		
	City/State and Zip Code		_
PALMER.KIMM	@GMAIL.COM	1	
E-mail address:	(to be used for future annu	al report notification)	_
For further information	on concerning this matter, i	olease call:	
KIMMESHA PA	LMER	407 at (2017067
Nar	ne of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3	ions er Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	for the following amount:		D 400 mile
□ \$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)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY



Pursua	nt to section 605.0209, F.S., this document is being s	ubmitted to correct a previously filed	1 do la ment 10 PM 3:55			
<u>FIRST</u>	PALMER'S ENGLISH LLC					
SECO	ND: The Florida Document number of the limited	l liability company is: L150000422	64			
THIR	D: Document to be corrected is: NAME CORRECTION					
V	(CHECK THE APPROPRIATE BOX AND COMIC Contains an incorrect statement. The incorrect state corrected statement are as follows: PALMER'S ENGLISH should be PALMER'S EN	ment, the reason the statement is inc	orrect, and the			
	ADDED MEMBER: NERISSA RITCHIE (SAME Statement was incorrect due to overzealous en		- - -			
	OR Was defectively signed. The manner in which the decorrection are as follows:	ocument was defectively signed and	the appropriate —			
	OR The electronic transmission of the record was defect Immesha Palmer	ive. <i>4- 6- 2015</i>	SECRETARY OF SIALL OLVISION OF CORPORALIONS 15 APR 10 PM 3: 55			
Sig	nature of Authorized Representative	Date	_			

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)