

L150000090655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
15 MAY 28 AM 10:25  
TALLAHASSEE, FLORIDA

JUN 01 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAULAN FINANCIAL 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:

ERNST GAUTIER

Name of Person

GAULAN FINANCIAL LLC

Firm/Company

1711 ALHAMBRA CREST DRIVE

Address

RUSKIN/ FL/ 33570

City/State and Zip Code

ERNST2012@ME.COM

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ERNST GAUTIER

813

787.7395

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:

- ☒ \$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**

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: GAULAN FINANCIAL LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000090655

**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:

The effective date of August 15, 2015 is incorrect.

The correct effective date is May 22, 2015.

**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.

Signature of Authorized Representative

05/26/2015

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 28 AM 10:25

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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