

L15000095211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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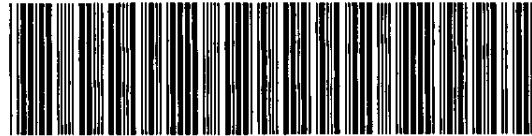
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 5 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WWNT, 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:

Nancy S Gear
Name of Person

WWNT, LLC
Firm/Company

437 E Church St
Address

DeLand, FL 32724
City/State and Zip Code

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

For further information concerning this matter, please call:

Nancy S Gear at (386) 956-0268
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: WWNT, LLC

SECOND: The Florida Document number of the limited liability company is: L25 000095727

THIRD: Document to be corrected is: Articles of ~~Incorporation~~ 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:

Street address of principal office is not
145 W. Wisconsin, Deland, FL 32720 as stated,
It is 437 E Church St, Deland, FL 32724,
because that property transaction has not closed
and the LLC is not the owner as of today's
(or occupant) date,

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.

Nancy Sola
Signature of Authorized Representative

6/3/15
Date

15 JUN -4 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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