

LP5000 116033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

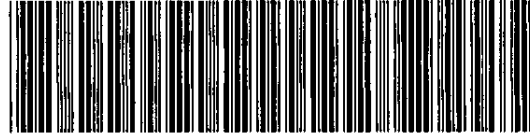
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275488483

08/06/15--01008--002 **25.00

FILED
15 AUG -6 PM 4:30
SECRETARY OF STATE
TOLSON BUILDING
DOA

AUG 07 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

Hand Off Project Managment LLC

SUBJECT: _____
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:

Rachel M Hand

Name of Person

Firm/Company

5956 Whirlaway Rd

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

rhluv2bme@msn.com

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

For further information concerning this matter, please call:

Rachel M Hand

325

260 3445

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

FILED
15 AUG -6 PM 4:30
TALLAHASSEE, FLORIDA
STATE
CLERK OF SUPERIOR COURT

**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.

Hand Off Project Management LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: _____ **L15000116033**

THIRD: Document to be corrected is:
the name of the 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:

The word management is misspelled. The name of the LLC needs to be corrected

to read: Hand Off Project Management LLC.

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

Date

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