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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DYAD ENTERTAINMENT 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:

DAVID M GoldSTEIN
Name of Person

LAW OFFICE OF DAVID M. GoldSTEIN
Firm/Company

12000 BISCAYNE Blvd #802
Address

MIAMI FL 33181
City/State and Zip Code

GRACE@DMGPA.Com
E-mail address: (to be used for future annual report notification)

*Note - we have moved
1125 NE 125th St - Suite 302
North Miami, FL
33161*

For further information concerning this matter, please call:

Grace at (305) 372-3535
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: _____

DYAD ENTERTAINMENT LLC

SECOND: The Florida Document number of the limited liability company is: L 15000127797

THIRD: Document to be corrected is:

MALNIK, SHAREEF

(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:

MALNIK SHAREEF ←

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)

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TALLAHASSEE FLORIDA

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