

L15000138191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEC 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2016

CLAUDIA SJOSED
354 GRAND BAY DR
PAL HARBOR, FL 34683

SUBJECT: SJOSTEDT HOLDINGS, LLC
Ref. Number: L15000138191

RECEIVED
2016 DEC 19 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 516A00025930



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2016

CLAUDIA SJOSED
354 GRAND BAY DR
PALM HARBOR, FL 34683

SUBJECT: SJOSTEDT HOLDINGS, LLC
Ref. Number: L15000138191

RECEIVED
2016 DEC -2 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SJOSTEDT HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 916A00025025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sjostedt Holdings, 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:

Claudia Sjostedt

Name of Person

Sjostedt Holdings, LLC

Firm/Company

354 Grand Bay Dr

Address

Palm Harbor FL 34683

City/State and Zip Code

claudia@umdcompany.com

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

For further information concerning this matter, please call:

Claudia Sjostedt

Name of Person

at (727)

Area Code

515-0246

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: Sjostedt Holdings Inc.

SECOND: The Florida Document number of the limited liability company is: L15000138191

THIRD: Document to be corrected is: L15000138191

(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:

Incorrect EIN 47-4795758 filed

Correct EIN to be filed 47-4708783

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]

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)