

L15000163329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

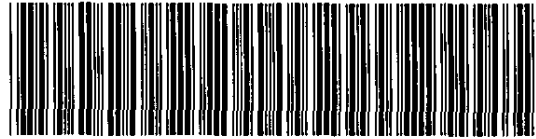
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800271352788

10/19/15--01040--011 **25.00

FILED
2015 OCT 16 P 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

DEVSARAN KUMAK
9721 MOUNTAIN LAKE DRIVE
ORLANDO, FL 32832

SUBJECT: MADISON FURNITURE INTERIORS LLC
Ref. Number: L15000163329

We have received your document for MADISON FURNITURE INTERIORS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 915A00020909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADISON FURNITURE INTERIORS 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:

DEV SARAN KUMAR
Name of Person

MADISON FURNITURE INTERIORS, LLC
Firm/Company

9721 MOUNTAIN LAKE DR
Address

ORLANDO FL 32832
City/State and Zip Code

Madison decor @ gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
15 SEP 31 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVE KUMAR at (407) 488-2127
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: MADISON FURNITURE
INTERIORS LLC

SECOND: The Florida Document number of the limited liability company is: L15000163329

THIRD: Document to be corrected is: Registered Agent's name, Authorized person name. ^{Articles of Org.}

(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 registered agent name and Authorized person name
to change from LESRIE KUMAR TO DEVSARAN KUMAR.
LESRIE mistakenly placed her name instead, guess by habit!
OR Address stays the same for both please.

- ☐ 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] 9/28/15
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: \$25.00
Certified Copy: \$30.00 (optional)

CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 16 P 2:44

FILED