

LIS000209423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/31/15--01023--007 **30.00

FILED
2015 DEC 31 PM 2:59
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NOTHING**

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:

Diana Crane

Name of Person

NOTHING, LLC

Firm/Company

828-B 96th Avenue North

Address

Naples, FL 34108

City/State and Zip Code

dianacrane714@yahoo.com

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

For further information concerning this matter, please call:

Diana Crane

Name of Person

at **(239)** **272-6344**

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

CR2E062 (9/15)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2015 DEC 31 PM 2:59

SECRETARY OF STATE
FLORIDA

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: NOTHING, LLC

SECOND: The Florida Document number of the limited liability company is: L15000209423

THIRD: Document to be corrected is: L15000209423

(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:

Please change the effective date to January 1, 2016. I accidentally forgot to enter the effective date on the original application.

Please remove Dargel Exposito as Manager. He is involved in the business, but his name was entered as Manager in error.

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.

Diana Crane
Signature of Authorized Representative

12/29/15
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.

Diana Crane
Registered Agent's Signature

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