

L16000034733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAR -3 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAR -4

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SUNLIGHT ENERGY ADVISORS**

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:

**MARK SHAIKHAN**

Name of Person

**SUNLIGHT ENERGY ADVISORS**

Firm/Company

**2950 W CYPRESS CREEK RD STE 100**

Address

**FT LAUDERDALE FL 33309**

City/State and Zip Code

**SUN.ED.SOLARONE@GMAIL.COM**

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

For further information concerning this matter, please call:

**MARK SHAIKHAN**

Name of Person

**786**

Area Code

**516-5165**

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: SUNLIGHT ENERGY ADVISORS

\*L16000034733

**SECOND:** The Florida Document number of the limited liability company is: 81-1605785

**THIRD:** Document to be corrected is: ARTICLE NAME CHANGE

**(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 NAME IS INCORRECT ON THE ARTICLES WHICH IS (MARK SHATKHIN).

THE CORRECT NAME IS ( MARK SHAIKHAN) Mgr + RA

WE MADE A MISTAKE FILLING OUT THE ONLINE APPLICATION .

**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.

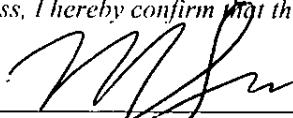
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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.*



Registered Agent's Signature + AUTHORIZED REP.

**Filing Fee:**  
**Certified Copy:**

**\$25.00**  
**\$30.00 (optional)**

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CLERK OF CIRCUIT  
JAILAH ASSESS, FLORIDA