

L16 0000 37762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

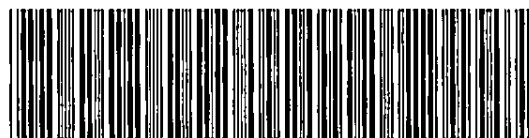
(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 27 PM 1:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

AUG 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

FATIMAH ABDULHALIM
13160 CORBEL CIRCLE APT. 628
FORT MYERS, FL 33907

SUBJECT: THEEFATIMAH LLC
Ref. Number: L16000037762

We have received your document for THEEFATIMAH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00012753

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TheeFatimah 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:

Fatimah Bint Aboulhalim
Name of Person

TheeFatimah LLC
Firm/Company

13/60 Coral Circle apt ~~605~~ 628
Address

Fort Myers, FL 33907
City/State and Zip Code

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

For further information concerning this matter, please call:

Fatimah Aboulhalim at (239) 281-3361
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$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: TheeFatimah LLC

SECOND: The Florida Document number of the limited liability company is: 16000037762

THIRD: Document to be corrected is: Authorize person

(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:

I did not list myself as an authorized person

I need to be listed as one / title: Mgr

Bint Abdulhassim, Fatimah 131160 Corbel Circle apt 625
Fort Myers, FL 33907

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.

Abdulhassim Abdulhassim
Signature of Authorized Representative

Date

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CLERK OF THE COURT
STATE OF FLORIDA

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

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