LIL 660 041437

(Requestor's Name)		
(Ad	dress)	
(		
(Address)		
(Cit	y/State/Zip/Phone	e #)
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(Business Entity Name)		
(Do	cument Number)	
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2018

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STEWART MANN 1400 VILLAGE SQUARE BLVD, #3-80552 TALLAHASSEE, FL 32312 US

SUBJECT: WILD ROOSTER EVENTS, LLC Ref. Number: L16000041437

We have received your document for WILD ROOSTER EVENTS, 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 the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00010792

www.sunbiz.org

Division of Corporations DO ROV 6227 Tallahasson Florida 22214

## **COVER LETTER**

**Registration Section** TO: Division of Corporations

Rooster Events, Le SUBJECT:

ame 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:

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Rooster Fronts LIC

Address

City/State and Zip Code

Stewartimann ld cooster events  $w_{i}$ . Com E-mail address: (to be used for future annual report notification

For further information concerning this matter, please call:

tewart Mann

ar(361) 658-7639

MAILING ADDRESS:

**Division of Corporations** 

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee - already paid

\$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 FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FALLAN 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: Wild Rooster Funts LLC	IUL 30 AH 10: 48
SECOND:   The Florida Document number of the limited liability company is:   1100004     THIRD:   Document to be corrected is:   2018 Annual Report	1437
CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	<u>MENT</u>
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and statement are as follows: <u>Annual report creaneously reflects address of a</u> <u>officer as its mailing address and principle place it</u> <u>flease correct to reflect the registered address as the</u> <u>OR</u> principal place of busiless: 1400 Village Square b Was defectively signed. The manner in which the document was defectively signed and the appropriate	business. business. cmailing and Blvd_#3-80552, Tallahass, J
OR   The electronic transmission of the fecord was defective.	323,
Signature of Authorized Representative Date	nd agent must size

accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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: Certified Copy:

\$25.00 \$30.00 (optional)