

L16000143847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

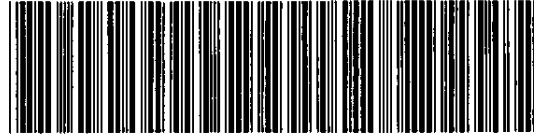
(Business Entity Name)

(Document Number)

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J. HARRIS

NOV 17

## COVER LETTER

TO: Registration Section.  
Division of Corporations

SUBJECT: Roman Grace Enterprise 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:

Kady Zelenak  
Name of Person

Roman Grace Enterprise LLC  
Firm/Company

2301 NE Savannah Rd. PO BOX<sup>#</sup> 331  
Address

Jensen Beach, FL. 34958  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa FREITAS at (772) 380-2043  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2016

KADY ZELENAK  
2301 SE SAVANNAH RD, PO BOX 331  
JENSEN BEACH, FL 34958

SUBJECT: ROMAN GRACE ENTERPRISE LLC  
Ref. Number: L16000143847

FILED  
CLERK OF COURT  
JANUARY 13, 2017  
16 NOV -3 AM 10:01

We have received your document for ROMAN GRACE ENTERPRISE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 116A00021469

RECEIVED  
2016 NOV -3 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Roman Grace Enterprise LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000143847

**THIRD:** Document to be corrected is: Title & Address Articles of Organization

**(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:

Incorrect info: listed as Founder  
Correct info: MGRM

Kady Zelena K  
2301 NE Savannah Rd. PO BOX  
Jensen Beach, FL 34958 #331

**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.

Kady Zelena K  
Signature of Authorized Representative

Date

9/30/16

16 NOV - 3 AM 10:01

FILED  
CLERK OF COURT  
JACKSONVILLE

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)**