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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Ma	lin Property	Inspection Tame of Limited Liability	S Company	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) ar	re submitted for filing.		
Please return all correspo	endence concerning this m	atter to the following:		
Keith	Malin Name of Person			
Malin Pro	pperty Insperiment	ections		
6270 Wi	les Rd. S. Address	uite 301		
Coral Spr	ings, FL ty/State and Zip Code	33067		
Malin property in spections (a gmail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Keith /	Talin	at (954)	298-0157 Daytime Telephone Number	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center Court Tallahassee, Florida 3236	ircle	Re _l Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check for	the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

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- - REGISTRATIONOFFICE

PAGE 02/02

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	iont to section 605,0209, F.S., this document is being submitted to correct a previously filed document. T: The name of the limited liability company is: Malin Property Inspections	
<u> </u>	The state of the s	
SECO THUR	2 (1)	
Laur		
Ø	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 need it changed to 12/18/16, ar ASAP.	
	1 12/12/16 (CM)	
	OR	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:	пе
	OR The electronic transfinission of the record was defective.	
	V Kelt 1000 12/8/16 # 0	i
New Reg I hereby provision obligation	Signature of Authorized Representative Date Da	la.
	Registered Agent's Signature	
	Filing Fee: \$25.08 Certified Copy: \$30.00 (optional)	

\$30.00 (optional)