117000002016

| | (Requestor's Name) | | | | |
|---|--------------------------|-------------|--|--|--|
| | (Address) | | | | |
| (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | |
| ☐ ЫСК-П | P WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2017

CONNIE LEE MAYO 7482 NAVAJO TRAIL SPRING HILL, FL 34606

SUBJECT: THE MARINE GAURDIAN LLC

Ref. Number: L17000002016

We have received your document for THE MARINE GAURDIAN 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 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.

Deborah Bruce Regulatory Specialist III

Letter Number: 017A00013084

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COVER LETTER

| TO: Registration S Division of C | | | | | |
|---|--|------------------------------------|---|-------------------------------|-------|
| SUBJECT: The | Marine Gau | rdian LLC | | | |
| | | Name of Limited Liabil | lity Company | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Statemer | nt of Correction and fee(s) a | are submitted for filing. | | | |
| Please return all corres | spondence concerning this i | matter to the following: | | | |
| Connie Le | a Mayo | | | | |
| OOTHIC LC | Name of Person | | | | |
| | | | | | |
| | Firm/Company | | | | |
| 7482 Nava | ajo Trail | | | | |
| | Address | | | | |
| Spring Hill | FL 34606 | | | 2 61 TALL | |
| | City/State and Zip Code | | | ZOTT JUL VELAHĀ | - |
| rjman68@ | gmail.com | | | SSS 1 | FILED |
| | to be used for future annua | report notification) | | 3 A | П |
| | | | | _68 2893 - 9 | O |
| For further information | n concerning this matter, pl | ease call: | | | |
| Randy Ma | nescalchi | 727 | 858-1212 | | |
| Name | e of Person | Area Code | Daytime Telephone Number | | |
| STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32 | ons Circle | ; ; | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 | | |
| Enclosed is a check for | or the following amount: | | | | |
| \$25 Filing Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | & S60 Filing Fee. Certificate of Status & Certified Copy | | |
| CR2E062 (9/15) | | | | | |

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: The Marine Gaurdian LLC The Florida Document number of the limited liability company is: L17000002016SECOND: Document to be corrected is: Page 2 THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ١ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Marine Gaurdian LLC was spelled wrong, It should be The Marine Guardian LLC \underline{OR} Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic torus singles of the record was defective. June -16-2017 Signature of Authorized Representative 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Filing Fee:

Certified Copy:

\$25,00

\$30.00 (optional)