

L17000051499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

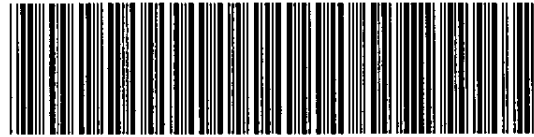
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400296246534

03/20/17--01037--026 \*\*55.00

FILED

17 APR -4 PM 1:44

O SIMMONS

APR 06 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2017

CHARLENE SKATETSKI  
762 CALIENTE DR  
BRANDON, FL 33511

SUBJECT: SUPERIOR MOBILE HOME SALES, LLC  
Ref. Number: L17000051499

2017 APR -4 PM 2:12  
TALLAHASSEE, FLORIDA

We have received your document for SUPERIOR MOBILE HOME SALES, LLC and your check(s) totaling \$55.00. 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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 917A00005596

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Superior Mobile Home Sales, 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:

Charlene Skatetski  
Name of Person

Superior Mobile Home Sales, LLC  
Firm/Company

762 Caliente Dr.  
Address

Brandon FL 33511  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nancy Jennings at ( 813 ) 748-1481  
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

**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: Superior Mobile Home Sales, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000051499

**THIRD:** Document to be corrected is: <sup>NEW</sup> Filing Information and Authorized persons detail

**(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:

Effective date changed to 3/30/2017

Title for Charlene Skaletski should be MGR her zip code should be 33511

**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.

Nancy Jennings 3-31-17  
Signature of Authorized Representative Date

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.*

Nancy Jennings  
Registered Agent's Signature

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