

L17000109342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

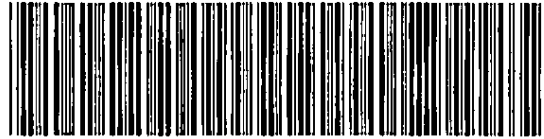
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 MAR 20 AM 7:41

FILED

MAR 20 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2020

JOHN PAULICH III
GRAYROBINSON, P.A.
3838 TAMiami TRAIL NORTH STE 410
NAPLES, FL 34103

SUBJECT: 601 ELKAM, LLC
Ref. Number: L17000109342

We have received your document for 601 ELKAM, 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00004480

2020 FEB 20 AM 3:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 601 Elkam, 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:

John Paulich III

Name of Person

GrayRobinson, P.A.

Firm/Company

3838 Tamiami Trail North, Suite 410

Address

Naples, Florida 34103

City/State and Zip Code

john.paulich@gray-robinson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paulich III

239

598-3601

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 601 Elkam, LLC

SECOND: The Florida Document number of the limited liability company is: L17000109342

THIRD: Document to be corrected is: Annual Report

FILED
2020 MAR 20 AM 7:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLIANCE, FLORIDA

(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:

Bradley J. Engle's Title as an Authorized Person is listed as "MGM." The Title should be corrected to "MGR."

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.

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.

Registered Agent's Signature

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