

L17000122721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

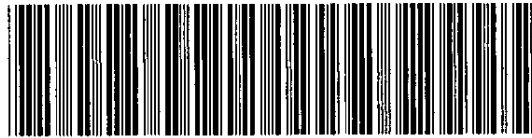
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/20/17--01021--022 **25.00

FILED

17 JUL -3 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUL 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2017

STEVE MICHAEL
20 S SWINTON AVE
DELRAY BEACH, FL 33444

SUBJECT: SUNRISE 3D STUDIO US LLC
Ref. Number: L17000122721

We have received your document for SUNRISE 3D STUDIO US 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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 617A00012693

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17 JUL -3 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 JUL -3 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunrise 3D Studio US 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:

Steve Michael

Name of Person

Hudson Holdings LLC

Firm/Company

20 S Swinton Ave

Address

Delray Beach, FL 33444

City/State and Zip Code

compliance@hudsonholdings.com

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

For further information concerning this matter, please call:

Steve Michael

Name of Person

at 561

Area Code

594-0799

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

CR2E062 (9/15)

FILED
JUL 17 3 12 PM '02
STATE OF FLORIDA
TALLAHASSEE

**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: Sunrise 3D Studio US LLC

SECOND: The Florida Document number of the limited liability company is: L17000122721

THIRD: Document to be corrected is: 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:

The Spelling of the first name of the individual Manager was incorrect due to a transcription error on our part.

Please change the name as follows: from Natalia Khavryliak to Nataliia Khavryliak.

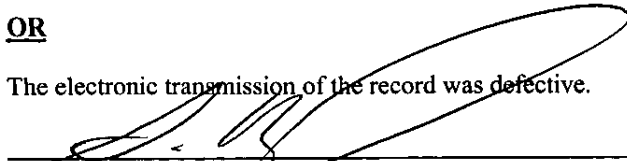
There are two letters "i" in Nataliia's first name, not one. Thank you.

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

6/29/17

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)