

L17000127566

(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:

WRONG FORM

Office Use Only



700300321747

06/16/17--01003--001 **35.00

FILED
2017 JUN 27 PM 5:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2017

MADEVA LLC
LOUIS STINSON JR.
110 MERRICK WAY, STE. 3A
CORAL GABLES, FL 33134

SUBJECT: MANGROVE SYNYDICATE LLC
Ref. Number: L17000127566

We have received your document for MANGROVE SYNYDICATE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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. *XO*

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00012477

*→ email
Karen. Saly @ DOS.myfloridacorp.com*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mangrove Synydicate 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:

LOUIS STINSON JR.

Name of Person

LOUIS STINSON JR. P.A.

Firm/Company

110 Merrick Way # 3A

Address

Coral Gables Fl. 33134

City/State and Zip Code

louis@stinsonlaw.com

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

For further information concerning this matter, please call:

Louis Stinson Jr.

Name of Person

305

Area Code

444-8807

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: MANGROVE SYNIDICATE LLC

SECOND: The Florida Document number of the limited liability company is: L17000127566

THIRD: Document to be corrected is: ARTILES 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:

LIMITED LIABILITY COMPANY NAME CONTAINED TYPOGRAPHICAL ERROR.

CORRECT NAME SHOULD BE "MANGROVE SYNDICATE LLC".

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.

LOUIS STINSON, JR.

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)