## 11800011771

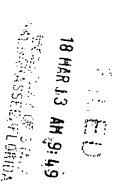
(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section **Division'of Corporations** Williams Family Child Care and Preschool, 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: Valeria E. Williams Name of Person Firm/Company 6297 Demery Circle Address Ft. Myers, FL 33916 City/State and Zip Code wifey02@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Corris L. McIntosh, Jr., Esq. Daytime Telephone Number Name of Person Area Code STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & \$60 Filing Fee. \$25 Filing Fee \$30 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy

CR2E062 (9/15)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2018

VALERIA E WILLIAMS 6297 DEMERY CIRCLE FT MYERS, FL 33916

SUBJECT: WILLIAMS FAMILY CHILD CARE AND PRESCHOOL, LLC

Ref. Number: L18000011771

We have received your document for WILLIAMS FAMILY CHILD CARE AND PRESCHOOL, 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):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 718A00001466



## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECOND:	The Florida Document number of the limited liability company is: L18000011771
THIRD:	Document to be corrected is: Articles of Organization
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	ntains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correcte cement are as follows:
The	e individual's name listed as the registered agent and manager is spelled incorrectly due to a typo.
The	e correct spelling of the individual's name is VALERIA E. WILLIAMS. This individual should be listed
	the registered agent as well as the sole manager of the limited liability company
OR	the registered agent as well as the sole-manager of the limited liability company.  s defectively signed. The manner in which the document was defectively signed and the appropriate correct
<u>OR</u>	
<u></u> <u>OR</u> □ Wa	s defectively signed. The manner in which the document was defectively signed and the appropriate correct ollows:
OR Wa as f	s defectively signed. The manner in which the document was defectively signed and the appropriate correct ollows:

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)