L18000011771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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. at (239) 839-5272
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

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

RECEIVED
2018 MAR 13 AM 9:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Williams Family Child Care and Preschool, LLC

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

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The individual's name listed as the registered agent and manager is spelled incorrectly due to a typo.

The correct spelling of the individual's name is VALERIA E. WILLIAMS. This individual should be listed as the registered agent as well as the sole-manager of the limited liability company.

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.

18 MAR 13 AM 9:49

Signature of Authorized Representative — Date: 1/18/18

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.

Valeria E. Williams

Registered Agent's Signature

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