

L18000063020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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18 AUG -2 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG -7 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2018

THERESA SOMMERS  
5316 18TH ST  
ZEPHYRHILLS, FL 33542

SUBJECT: KVG ESSENTIALSL LLC  
Ref. Number: L18000063020

We have received your document for KVG ESSENTIALSL 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):

You failed to make the correction(s) requested in our previous letter.

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 Scott  
Regulatory Specialist II

Letter Number: 818A00014164

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KVG EssentialsI 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:

Theresa Sommers

Name of Person

T. Sommers Accounting Services

Firm/Company

5316 8th St

Address

Zephyrhills, FL 33542

City/State and Zip Code

theresa@tsommers.com

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

For further information concerning this matter, please call:

Theresa Sommers

Name of Person

813

Area Code

788-3369

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

AHW:  
Dianne Scott

RECEIVED  
2018 AUG -2 AM 10:24  
CORPORATION  
TALLAHASSEE, FL

**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: KVG Essentials LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000063020

**THIRD:** Document to be corrected is: The Electronic Articles of Organization For Florida Limited Liability Company

**(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 name of the company, KVG Essentials LLC, was misspelled.

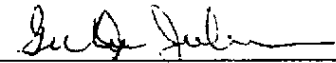
It should be KVG Essentials LLC

**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.



Signature of Authorized Representative

7/12/18

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)

**FILED**  
18 AUG -2 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*2018  
7/16/24  
Cleared 6/16/24*