

LIB000115401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

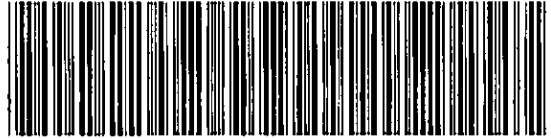
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Using form - sign

Office Use Only



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05/23/18--01003--002 \*\*95.00

FILED

18 JUL 11 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 17 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2018

SANDRA SCHUCHER  
1193 SE PORT ST LUCIE BLVD  
#138  
PORT ST LUCIE, FL 34952

SUBJECT: AT YOU DISCRETION LLC  
Ref. Number: L18000115401

We have received your document for AT YOU DISCRETION 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00013384

REC'D  
2018 JUL 11 AM 10:09  
ARTICLE  
CORPORATION



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2018

SANDRA SCHUCHER  
1193 SE PORT ST LUCIE BLVD  
#138  
PORT ST LUCIE, FL 34952

SUBJECT: AT YOU DISCRETION LLC  
Ref. Number: L18000115401

We have received your document for AT YOU DISCRETION 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 FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 618A00011395



RECEIVED

2018 JUN 25 PM 1:52

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: At Your Discretion  
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:

Sandra Schucher  
Name of Person

At Your Discretion  
Firm/Company

1193 SE Port St Lucie Blvd #138  
Address

Port St Lucie, FL 34952  
City/State and Zip Code

At Your Discretion now@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Schucher at ( 954 ) 663-5384  
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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: At You Discretion

**SECOND:** The Florida Document number of the limited liability company is: L18000115401

**THIRD:** Document to be corrected is: Company Name-Articles of Org

**(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 "r" is missing from "Your".  
To Read "At Your Discretion."

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_

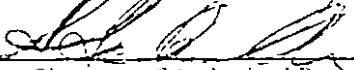
\_\_\_\_\_

\_\_\_\_\_

**OR**




The electronic transmission of the record was defective.

 7/7/15  
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)