

U180001 25596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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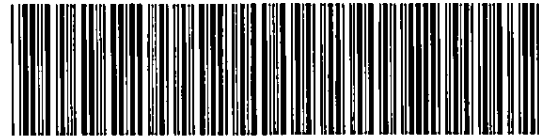
(Business Entity Name)

(Document Number)

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U180001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AKSHAR FUNDS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJENDRA PATEL
Name of Person

Firm/Company

9023 WESTBAY BLVD
Address

TAMPA FL 33615
City, State and Zip Code

RPATEL524@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAJENDRA PATEL at 213 380-6502
Name of Person Area Code District/Exchange Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, Florida 32311

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 | ☐ \$25 Filing Fee & Certified Copy | ☐ \$40 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|--|

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

Pursuant to section 605.0203, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is AKSHAR TOWNS LLC

SECOND: The Florida Document number of the limited liability company is L18000125524

THIRD: Document to be corrected is NO SUITE #

(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 correct address should read as follows:
9023 Westbay Blvd.
Tampa FL 33615

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.

Rujander R. Patel

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable (NOTE: in 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.

Rujander R. Patel

Registered Agent's Signature

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