

L18000147908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

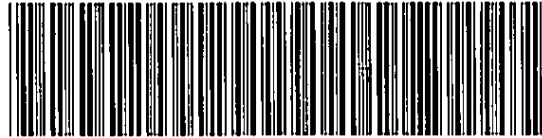
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2018 AUG 20 PM 2:49

T. CLINE

AUG 23 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2018

JOHN C BLOOMHALL  
2818 THISTLE WAY  
NAPLES, FL 34105 US

SUBJECT: MOOVENUP LLC  
Ref. Number: L18000147908

We have received your document for MOOVENUP LLC and your check(s) totaling \$60.00. 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.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00013371

JUL 20 2018 PM 2:45

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RECEIVED  
2018 JUL 20 PM 12:36

DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moovenup 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:

John C. Bloomhall

Name of Person

Moovenup LLC

Firm/Company

2818 Thistle Way

Address

Naples, FL 34105

City/State and Zip Code

john@bcjfam.com

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

SEP 20 09 2:45

For further information concerning this matter, please call:

Gary J. Streit

Name of Person

at ( 319 ) 365-9461

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

John C. Bloomhall  
2818 Thistle Way  
Naples, FL 34105

August 13, 2018

Ms. Brittany M. Figueroa  
Regulatory Specialists II  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref: Letter Number: 818A00015332  
Ref. Number: L18000147908

2018 AUG 20 PM 2:45

Dear Ms. Figueroa:

Enclosed is a corrected document containing my signature as requested. I apologize for my oversight. Thank you for your assistance.

Sincerely,



John C. Bloomhall



REC-100

2018 AUG 20 AM 11:19

2018 AUG 20

**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: Moovenup LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000147908

**THIRD:** Document to be corrected is: Electronic 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:

See attached.

**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.

John E. Macdonald  
Signature of Authorized Representative

8/13/18  
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)

**Attachment to Statement of Correction for Florida Limited Liability Company**

The Electronic Articles of Organization incorrectly referred to an address of 2813 Thistle Way, Naples, Florida 34105 for the Principal Address, the Mailing Address, the Registered Agent's Address, and the Authorized Person. The correct address is 2818 Thistle Way, Naples, Florida 34105.

John C. Bloomfield 7/17/18  
John C. Bloomfield

2018 AUG 20 PM 2:45