

L18000182611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
FALLS STREET 10010

D PRINCE
OCT 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2018

CHRISTOPHER CHANDLER
1509 MAPLE LEAF LANE
FLEMING ISLAND, FL 32003

SUBJECT: TOP OF THE MORING FASTER LLC
Ref. Number: L18000182611

We have received your document for TOP OF THE MORING FASTER 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):

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00019797

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

top of the moring faster

SUBJECT: _____
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:

christopher chandler

Name of Person

top of the moring faster

Firm/Company

1509 maple leaf lane

Address

fleming island , florida , 32003

City/State and Zip Code

oceanencolere@gmail.com

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

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REGISTRATION SECTION
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

christopher chandler

904

5369192

Name of Person

at (_____)

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)

**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: top of the morning faster

SECOND: The Florida Document number of the limited liability company is: L18000182611

THIRD: Document to be corrected is: article 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 name was entered incorrectly as top of the morning faster.
the correct name is top of the morning faster .

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.
christopher chandler

9-11-18

Signature of Authorized Representative

Date

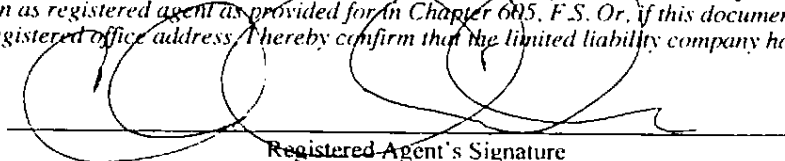
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SECRETARY OF STATE
TALLAHASSEE FL 32310-0400

FILED

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)