

LI8000194845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

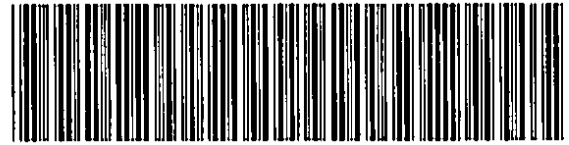
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MAL Florida 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:

Amanda J. Beren

Name of Person

CorpNet, Incorporated

Firm/Company

340 N. Westlake Blvd. Ste. 210

Address

Westlake Village, CA 91362

City/State and Zip Code

filings@corpnet.com

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

For further information concerning this matter, please call:

Amanda J. Beren

Name of Person

at (**805**) **449-2638**

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

**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: MAL Florida LLC

SECOND: The Florida Document number of the limited liability company is: L18000194845

THIRD: Document to be corrected is:
Florida 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:

Incorrect statement: Title AMBR SYED, MUHAMMAD A 1555 SAXON BLVD, SUITE 502 DELTONA, FL 32725

The company is Manager Managed and does not want the Member listed on the Articles

Correct Statement: Title MGR VARMA, SUDHIR, M.D. 1555 SAXON BLVD, SUITE 502 DELTONA, FL 32725

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.

AMB
Signature of Authorized Representative

8/16/2018
Date

FILED
AUG 20 PM 5:45
18
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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