

118000280028

(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:

Office Use Only



700323890107

01/30/19--01018--030 **25.00

FILED
2019 MAR 28 PM 9:13
SECOND JUDICIAL CIRCUIT OF FLORIDA
TALLAHASSEE, FLORIDA

D. BRUCE
APR 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2019

SAMANTHA JACKSON
5713 SE TANGERINE BLVD
STUART, FL 34997

SUBJECT: MARLO HOME IMPROVEMENTS, LLC
Ref. Number: L18000280028

We have received your document for MARLO HOME IMPROVEMENTS, 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: 019A0000408

2019 MAR 28 PM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2019

SAMANTHA JACKSON
5713 SE TANGERINE BLVD
STUART, FL 34997

SUBJECT: MARLO HOME IMPROVEMENTS, LLC
Ref. Number: L18000280028

We have received your document for MARLO HOME IMPROVEMENTS, 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):

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

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: 419A00002726

2019 MAR 28 PM 9:13
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARLO HOME IMPROVEMENTS 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:

SAMANTHA JACKSON

Name of Person

Firm/Company

5713 SE TANGERINE BLVD

Address

STUART, FL 34997

City/State and Zip Code

marloh0126@gmail.com

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

For further information concerning this matter, please call:

SAMANTHA JACKSON

Name of Person

at (772)

Area Code

486-5052

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) * ALREADY PAID *

2019 MAR 28 PM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**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: MARLO HOME IMPROVEMENTS LLC

SECOND: The Florida Document number of the limited liability company is: 500321731195

THIRD: Document to be corrected is: _____

(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:

FILING DATE SHOULD BE JANUARY 1, 2019. THE INCORRECT
FILING DATE WAS SUBMITTED ON THE ORIGINAL APPLICATION
* NO TRANSACTIONS OR ACTIVITIES TO FILE IN 2018.

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.


Signature of Authorized Representative

3/30/19
Date

FILED
2019 MAR 28 PM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)