

L19000000 6050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

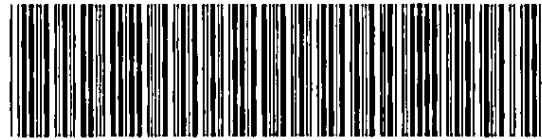
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB -4 P 12:47

FILED

FEB 05 2019

T. LEMIEUX



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2019

CARLOS H ARCE  
200 S ANDREWS AVE STE 900  
FT LAUDERDALE, FL 33301

SUBJECT: THA NANNY, LLC  
Ref. Number: L19000006050

We have received your document for THA NANNY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a Authorized Representative sign the document.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 119A00001667

**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: THA Nanny, LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000006050

**THIRD:** Document to be corrected is: Electronic 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 electronic article of organization filed incorrectly listed Aimee K Arce as the President of THA NANNY, LLC.

This Limited Liability Company is a single member LLC, managed solely by Carlos H. Arce,

he should be listed as the sole member/President.

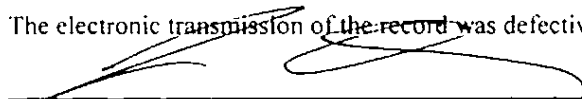
**OR**

- ☐ 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

1/29/19  
Date

2019 FEB - 11 12:47

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)