

LZ0000217876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

CRISTINA SCHULTZ
5731 FIRESTONE CT
SARASOTA, FL 34238

SUBJECT: MARK BOSWELL LLC
Ref. Number: L20000217876

We have received your document for MARK BOSWELL 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):

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00019505

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mark Boswell 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:

Cristina Schultz

Name of Person

Firm/Company

5731 Firestone Ct

Address

Sarasota FL 34238

City/State and Zip Code

c.schultz@mdgsinc.com

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

For further information concerning this matter, please call:

Cristina Schultz 941 321-3498
Name of Person at (Area Code) Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Mark Boswell LLC

SECOND: The Florida Document number of the limited liability company is: L20000217876

THIRD: Document to be corrected is: Title of Authorized Person - 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 MGR,

Correct statement - Title AMBR

statement corrected for appropriated identification of title of Authorized person

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

NA

OR

- ☐ The electronic transmission of the record was defective.

NA

Mark Boswell
Signature of Authorized Representative

11/9/2020
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must s 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in of this change.

Registered Agent's Signature

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