

L21000022544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

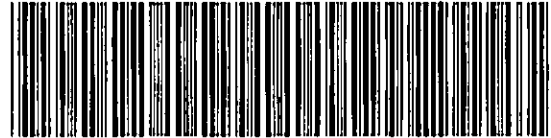
(Business Entity Name)

(Document Number)

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2022 JUN -1 PM 4:21

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JUN 03 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUN -1 AM 10:52

SECTION 605.0203(1), FLORIDA STATUTES
REQUIRES THE DOCUMENT(S) TO BE SIGNED BY
ONE PERSON ACTING AS AN AUTHORIZED REPRESENTATIVE.

May 13, 2021

MARIO R THEODORE
54 SPRINGDALE CIR
PALM SPRINGS, FL 33461

SUBJECT: CHINYERE ATTALLAH, LLC
Ref. Number: L21000022544

We have received your document for CHINYERE ATTALLAH, 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) 245-6050.

Terri J Schroeder
Supervisor

Letter Number: 521A00010101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chinyere Attallah, 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:

Mario R. Theodore

Name of Person

Chinyere Attallah, LLC

Firm/Company

54 Springdale Circle

Address

Palm Springs, Florida 33461

City/State and Zip Code

Mtheodore@Blkbarrister.com

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

For further information concerning this matter, please call:

Mario R. Theodore

561

400-7067

at (_____)

Name of Person

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: Chinyere Attallah, LLC

SECOND: The Florida Document number of the limited liability company is: L21000022544

THIRD: Document to be corrected is: Authorized Persons

(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 Authorized Persons Detail currently reflects inaccurate input information. The present input reflects a repeat of the same member's name (AR Mario R. Theodore and Mario Theodore). The information submitted reflected 2 different AR members: Mario R. Theodore and Marlene Theodore (this is the accurate information)

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

Date

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)