## L21000065182

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## **COVER LETTER**

TO:		istration Sessission of Cor					
SUBJE	CT:	THE SKO	CHER. LJ.C	lame of Limited Liab	ility Company		
Dear Sir	r or N	Madam:					
			of Correction and fee(s) a				
Please n	etum	all corresp	ondence concerning this m	natter to the tollowing	<u>r</u> .		
TERRY	Y SK	OCHER	Name of Person		-		
THE SI	<u>KOC</u>	HER LLC	Firm/Company		-		
2827 P	ost R	ock Drive	Address		-		
Tarpon Springs, FL 34688  City/State and Zip Code							
terry@ E-	terry -mail	skocher.con address: (to	n be used for future annual	report notification)	_		
For further information concerning this matter, please call:							
Terry S	Skocl		of Person	at ( 727 Area Code	Daytime Telephone Number		
	Re Di P.0	D. Box 63	Section Corporations		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:							
<b>≣\$</b> 25 1	Filing	g Fee	S30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E0	62 (9	9/15)					

## 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: THE SKOCHER, LLC The Florida Document number of the limited liability company is: <u>L2</u>1000065182 SECOND: Document to be corrected is: L21000065182 THIRD: (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: I put a period after the name THE SKOCHER, LLC. It should not have the period and the corrected name is: THE SKOCHER LLC <u>OR</u> 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. gistered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)