

# K21000134241

\_\_\_\_\_  
(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:

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## 200363522172

04/13/21--01026--010 \*\*25.00

FILED  
2021 JUL 20 PM 3:36  
TALLAHASSEE, FL

D. BRUCE  
JUL 01 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 JUN 24 AM 11:46

June 11, 2021

CHRISTEN CAMOUS  
11741 SW 179TH TERRACE  
MIAMI, FL 33177

SUBJECT: CAMOUS CAPTIAL LLC  
Ref. Number: L21000134241

We have received your document for CAMOUS CAPTIAL 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 921A00013049

2021 MAY 20 PM 3:56

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Camous Captial 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:

Christen Camous

Name of Person

Firm/Company

11741 SW 179th Terrace

Address

Miami, Florida 33177

City/State and Zip Code

camousc@peecelectrical.com

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

For further information concerning this matter, please call:

Christen Camous

Name of Person

at ( 305 )

Area Code

788-8145

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

2021 MAY 20 PM 3:35

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: Camous Captial LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000134241

**THIRD:** Document to be corrected is: L21000134241 - Name

**(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:

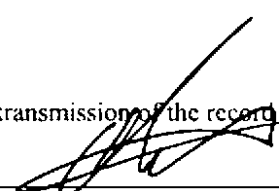
Camous Captial LLC is incorrect, I typed it incorrectly when filing. The correct spelling  
of the name is Camous Capital LLC

**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

06/19/2021  
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.*

Christen Camous

Registered Agent's Signature

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