## L21000250416

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (common and from the first terms)       |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
| J. HORNE                                |  |  |  |  |
| SEP 19 2022                             |  |  |  |  |
|   |  |  |  |  |

Office Use Only



300389875713

06/34/23-+01007--021 \*\*35.00





## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor                                   |  |                                      |  |  |
|---|--|--------------------------------------|--|--|
| SUBJECT: ACY  | al Deligh  | + Cafe<br>Name of Limited Liab       | of Jakland filk  |  |
| 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: |  |                                      |  |  |
| S4 Land   | Name of Person  Person  Person  Person  Address  Address | d 57                                 | -<br>of Oakland park<br>-<br>-<br>Com  |  |
| For further information of  | concerning this matter, plant  |                                      |  |  |
| Name o  | of Person  | Area Code                            | Daytime Telephone Number   |  |
| Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee,    | Section<br>Corporations<br>27  |                                      | 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 &<br>Certificate of Status   | ☐\$55 Filing Fee &<br>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: SECOND: The Florida Document number of the limited liability company is: THIRD: Document to be corrected is: (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: landerdale lakes, F. 3331 Rd The manner in which the document was defectively signed and the appropriate correction are Was defectively signed. as follows: OR The electronic transmission of the rec ord was defective. Signature of Authorized Representative 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 addressel hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00 ertified Copy: \$30.00 (optional)