

L21000328715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

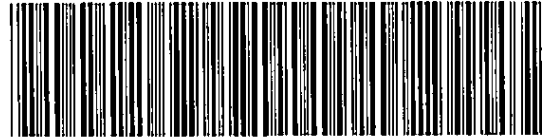
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2021 OCT 14 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 12 2021



FLORIDA DEPARTMENT OF STATE 8: 22  
Division of Corporations

September 20, 2021

ANGELA GAINES  
1100 NW 57TH STREET  
MIAMI, FL 33127

SUBJECT: A.G ADMINSTRATIVE GROUP LLC  
Ref. Number: L21000328715

We have received your document for A.G ADMINSTRATIVE GROUP 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):

You failed to make the correction(s) requested in our previous letter.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 821A00022664

*Please see  
attached  
Signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A.G. Administrative Group 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:

Angela S. Gaines  
Name of Person

A.G. Administrative Group, LLC  
Firm/Company

1100 NW 57<sup>th</sup> Street  
Address

Miami, FL 33127-1308  
City/State and Zip Code

AGAG LLC, 21@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela S. Gaines at (954) 683-5200  
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: A.G. ADMINISTRATIVE GROUP LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000328715

**THIRD:** Document to be corrected is: Name of Liability Company & electronic record  
(spelling)

**(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:

(Error in spelling "Administrative") Corrected Name is:  
A.G. ADMINISTRATIVE GROUP 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.

Moving "administratively in Excellence" 10/1/2021  
Signature of Authorized Representative 8/8/2021 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.*

Registered Agent's Signature

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