

121000347234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

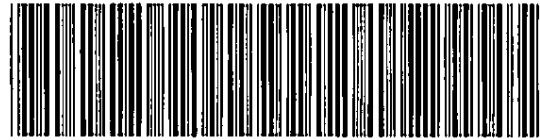
(Business Entity Name)

(Document Number)

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2021 OCT -8 PM 12:35

cc
Int Corr

OCT 13 2021

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Fleet 13, 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:

Robert J Hetzler

Name of Person

The Fleet 13, LLC

Firm/Company

6535 Collins Ave, #443

Address

Miami Beach, FL 33140

City/State and Zip Code

Rjhetzler@aol.com

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

For further information concerning this matter, please call:

Robert J Hetzler

786

512-8819

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -3 AM 8:16

September 28, 2021

ROBERT J. HETZLER
5900 COLLINS AVE 1806
MIAMI BEACH, FL 33140

2ND MAILING

SUBJECT: THE FLEET 13 LLC
Ref. Number: L21000347234

We have received your document for THE FLEET 13 LLC and your check(s) totaling \$55.00. 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.

You failed to sign the form in the space provided.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 221A00021932



FLORIDA DEPARTMENT OF STATE
Division of Corporations

731 SEP 28 PM 11:18

September 12, 2021

ROBERT J. HETZLER
6535 COLLINS AVE #443
MIAMI BEACH, FL 33140

SUBJECT: THE FLEET 13 LLC
Ref. Number: L21000347234

We have received your document for THE FLEET 13 LLC and your check(s) totaling \$55.00. 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.

You failed to sign the form in the space provided.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 221A00021932

**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 Fleet 13.LLC

SECOND: The Florida Document number of the limited liability company is: L21000347234

THIRD: Document to be corrected is: Articles of organization

(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:

Title AMBR TONG KAROAWICH, 1334 OCEAN DRIVE MIAMI BEACH, FL 33139

Name of AMBR was incorrectly spelled

Correct spelling - Anthony Karpawich, 1334 OCEAN DRIVE MIAMI BEACH, FL 33139

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.

Beth A. Edwards / Paul J. Hoff 8/24/21
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.

Paul J. Hoff
Registered Agent's Signature

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