

L21 000405620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 FEB 24 PM 12:33
CLERK OF STATE
TAMPA, FLORIDA

Y SULKER
FEB 24 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2021

JAMES M GESS LLC
3306 DEL PRADO BLVD S
CAPE CORAL, FL 33904

SUBJECT: JAMES M GESS LLC
Ref. Number: L21000405620

We have received your document for JAMES M GESS 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):

Please check one of the box.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00024028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES M GESS 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:

BILL ANTAR CPA

Name of Person

CAPE CORAL TAX & ACCOUNTING SERVICES, LLC

Firm/Company

3306 DEL PRADO BLVD S

Address

CAPE CORAL, FL 33904

City/State and Zip Code

billantar@capetaxes.com

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

For further information concerning this matter, please call:

BILL ANTAR CPA

239

540-7500

at (_____) _____

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: JAMES M GESS LLC

SECOND: The Florida Document number of the limited liability company is: 121000405620

THIRD: Document to be corrected is: LLC 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:

NAME WAS MIS-SPELLED.

The name of the entity should be: JAMES M GRESS LLC, and not JAMES M GESS 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

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)