## K21 000405620

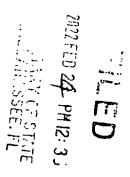
(Requestor's Name)						
(Address)						
(Address)						
, , , ,						
(City/State/Zip/Phone #)						
(Oity/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
· ———						
<u></u>						
Special Instructions to Filing Officer:						

Office Use Only



600373812296

09/27/21--01016--030 \*\*25.00



Y SULKER FEB 2 G 2022





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.

Letter Number: 821A00024028

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
JAME:	S M GESS LLC		
	- · · · · · · · · · · · · · · · · · · ·	Name of Limited Lial	bility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	ાદુ.
Please return all corr	espondence concerning this	matter to the followin	g:
BILL ANTAR CPA			
	Name of Person		_
CAPE CORAL TAY	C& ACCOUNTING SERVI	CES, LLC	
	Firm/Company	-	_
3306 DEL PRADO	BLVD S		
	Address		<u></u>
CAPE CORAL, FL	33904		
	City/State and Zip Code	<u>.</u>	_
billantar@capetaxes	.com		
E-mail address	(to be used for future annua	l report notification)	_
For further informati	on concerning this matter, pl	lease call:	
BILL ANTAR CPA		239 at (	540-7500
Na	me of Person	Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		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

	ant to section 605,0209, F.S., this document is being submitted to correct a pre-		ument.					
FIRST	<u>r</u> : The name of the limited liability company is: <u>JAMES M GESS LLC</u>				<del></del>			
SECOND: The Florida Document number of the limited liability company is: L21000405620					_			
THIR	LLC ARTICLES OF ORGANIZATION	l			_			
	ICHECK THE APPROPRIATE BOX AND COMPLETE THE AI	PPLICABLE ST	ATEMEN	<u>8T</u>				
<b>X</b>	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 G	GESS LLC			_			
		<u></u>			_			
	OR				_			
	Was defectively signed. The manner in which the document was defectively as follows:	signed and the a	ippropriate	correc	ition are			
		<del>-</del>		2012 2012	<b></b>			
			1	- <u>F)</u>   <del>T)</del>	- } - =			
				23	- F. 200			
	<u>OR</u>		385 33.7	至	m			
	The electronic transmission of the record was defective.		STATE STATE	PM 12: 3 i				
	Signature of Authorized Representative	Date			<del>-</del>			
Signatu acceptu	are of new registered agent, if applicable if NOTE: if correcting the registered ing the designation).	agent, the new re	gistered ag	ent mi	ıst sign			
i nercov provisio obligati	- \	s, and Lam famil	iar with ar	id acce	ept the			
	Registered Agent's Signature		-					
	Registered Agent's Signature							

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

\$30.00 (optional)