

121000437153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

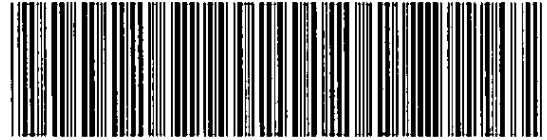
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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State of Florida - Department of Banking & Finance

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2022 FEB 24 PM 12:33
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

FEB 24 2022

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2022

SABINA KIRCHHERR
114 WEST DRIVE
ROTONDA WEST, FL 33947

SUBJECT: KIRCHHERR SABINA LLC
Ref. Number: L21000437153

We have received your document for KIRCHHERR SABINA 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):

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: 022A00001589

**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: Kirchherr Sabina, LLC

SECOND: The Florida Document number of the limited liability company is: 1,210,004,371,53

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:

I WAS ADVISED TO REGISTER THE LLC NAME EXACTLY THE SAME AS ON MINE DBPR LICENSE
TO BE ABLE TO ADD THE LLC TO MY NAME.

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FIRST NAME: SABINA LAST NAME: KIRCHHERR

OR

- ☒ The electronic transmission of the record was defective.

[Signature]
(Signature of Authorized Representative)

Date

Signature of new registered agent, if applicable (a 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.

[Signature]
(Registered Agent's Signature)

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