

121000442501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

This change cannot be
done w/ amendment
form.

Wrong form

Office Use Only



800375047378

10/18/21--01020--031 **25.00

FILED
2021 NOV -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 17 2021



2021 NOV -3 AM 11:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2021

ALAN ANDAI
8877 COLLINS AVE #605
SURFSIDE, FL 33154

SUBJECT: MAR 908 LLC
Ref. Number: L21000442501

We have received your document for MAR 908 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):

THE EFFECTIVE DATE CAN NOT BE CHANGED WITH THE AMENDMENT FORM. PLEASE COMPLETE THE ATTACHED STATEMENT OF CORRECTION FORM TO CHANGE THE EFFECTIVE DATE OF FILING.

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.

Tekayla T Matthews
OPS

Letter Number: 321A00026326

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAR 908 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:

Alan Andai

Name of Person

Firm/Company

8877 Collins Ave #605

Address

Surfside FL 33154

City/State and Zip Code

~~Alan Andai~~ Alan Andai@gmail.com

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

For further information concerning this matter, please call:

Alan

Name of Person

at

305

Area Code

9890117

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**

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document on 2021 NOV -8 AM 10:10

FIRST: The name of the limited liability company is: MAR 908 LLC SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L21000442501

THIRD: Document to be corrected is: Filing Date Correction

(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:

Effective Date should be November 1, 2021

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.

 11/4/21
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.


Registered Agent's Signature

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