## L22000004888

| (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: |
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## **COVER LETTER**

| TO: Registration<br>Division of C  | Section<br>Corporations                       |                                      |  |  |
|--|---|--------------------------------------|--|--|
|  | CUILIAN L                                     | ILLC                                 |  |  |
| SUBJECT: Name of Limited Liability Company   |   |                                      |  |  |
| Dear Sir or Madam:   |   |                                      |  |  |
| The enclosed Stateme   | ent of Correction and fee(s) a                | re submitted for filing              | <u>p</u> .   |  |
| Please return all corre  | espondence concerning this n                  | natter to the following              |  |  |
|  | Cuilian Li                                    |                                      |  |  |
|  | Name of Person                                |                                      | -  |  |
|  | CUILIAN LI LLC                                |                                      | _  |  |
|  | Firm/Company                                  | <del>-</del> ·                       |  |  |
| 129  | Longview Ave                                  |                                      |  |  |
| -  | Address                                       |                                      | -  |  |
| Celeb  | ration, FL 34747                              |                                      |  |  |
|  | City/State and Zip Code                       |                                      | -  |  |
|  | naproperties.us (to be used for future annual | report notification)                 | -  |  |
| For further information  | on concerning this matter, plo                | ease call:                           |  |  |
| Cuilian Li   |   | at ( 407                             | 712-5779   |  |
| Nar  | ne 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:                     |                                      |  |  |
| <b>⊠</b> \$25 Filing Fee   | ☐ \$30 Filing Fee &<br>Certificate of Status  | □\$55 Filing Fee &<br>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: \_\_\_\_\_ CUILIAN LI LLC The Florida Document number of the limited liability company is: \_\_\_\_L2200004888 SECOND: Document to be corrected is: L22000004888 Change effective date to 01/01/2022 THIRD: (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: Please change my LLC Effective date to 01/01/2022 since i just received my LLC and EIN from IRS today in 2022. <u>OR</u> 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. Cwolton W
ature of Authorized Representative 01/06/2022 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:

Certified Copy:

\$25.00

\$30.00 (optional)