

L22000132281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

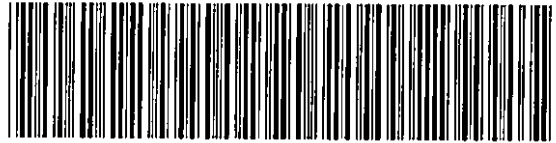
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAY -4 AM 10:59

2022 MAY -4 AM 11:16

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

g. 5/4/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marion Center Ocala, LLC OR MC Square Management 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:

Yong Pan

Name of Person

Marion Center Ocala, LLC

Firm/Company

254 Barritaria Dr

Address

St Augustine, FL 32080

City/State and Zip Code

Yongpan513@gmail.com

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

For further information concerning this matter, please call:

Yong Pan

859

444 3670

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: Mc Square Management, LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000132281

**THIRD:** Document to be corrected is: 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:

The name of the Company was entered wrong. It should be "Marion Center Ocala, LLC" not MC Square  
Management, LLC

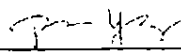
**OR**

- 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

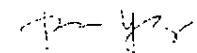
4/1/2022  
 Date

**FILED**  
 2022 MAY -4 AM 11:16  
 STATE OF FLORIDA  
 TALLAHASSEE, FL

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)**