

h22000232122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

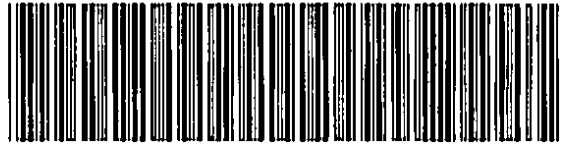
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

NOV 21 PM 2:36

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A-Z Family Farm 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:

Kristen S. Allen  
Name of Person

A-Z Family Farm LLC  
Firm/Company

18100 Three B Farm Rd.  
Address

Estero, FL 33928  
City/State and Zip Code

AtoZfamilyfarmllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Allen at ( 239 ) 243 - 4049  
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

check sent for \$35.00  
with original  
form.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2022

KRISTEN ALLEN  
18100 THREE B FARM ROAD  
ESTERO, FL 33928

SUBJECT: A-Z FAMILY FARM LLC  
Ref. Number: L22000232122

We have received your document for A-Z FAMILY FARM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 122A00024723

11/03/2022

2022 NOV 21 PM 1:51

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

2022 NOV 21 PM 2:36

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: A-Z Family Farm LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000232122

**THIRD:** Document to be corrected is: Authorized Person Detail

**(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:

There is no "authorized person"  
listed on the FL LLC for my  
company. My name needs to be listed.  
(Kristen S. Allen)

**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.

Kristen S. Allen \_\_\_\_\_  
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.*

Kristen S. Allen \_\_\_\_\_  
Registered Agent's Signature

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