

U230000071970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

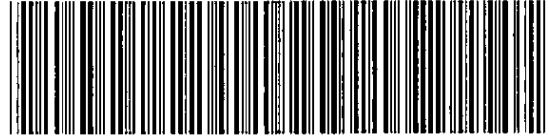
Certificates of Status _____

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J DENNIS

MAY 17 2023

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2023 MAR -2 PM 3:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDTL HOLDINGS, 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:

James W. Douglas

Name of Person

Firm/Company

5669 SE Crooked Oak Ave

Address

Hobe Sound, FL 33455

City/State and Zip Code

Linda@daecpa.net

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

For further information concerning this matter, please call:

Debra A. Erickson

561

626-7650

Name of Person

at (_____)

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: MDTL HOLDINGS LLC

SECOND: The Florida Document number of the limited liability company is: L23000071970

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:

Registered Agent and Authorized Person should be James W. Douglas not Jaime Douglas

OR

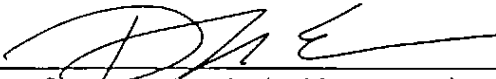


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

 , CPA

Signature of Authorized Representative

3/1/23

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)



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Detail by Entity Name

Florida Limited Liability Company
MDTL HOLDINGS LLC

Filing Information

Document Number L23000071970
FEI/EIN Number NONE
Date Filed 02/08/2023
Effective Date 02/08/2023
State FL
Status ACTIVE

Principal Address

5669 SE CROOKED OAK AVE
HOBE SOUND, FL 33455

Mailing Address

5669 SE CROOKED OAK AVE
HOBE SOUND, FL 33455

Registered Agent Name & Address

DOUGLAS, JAIME s/b James W.
5669 SE CROOKED OAK AVE
HOBE SOUND, FL 33455

Authorized Person(s) Detail

Name & Address

Title MGR

DOUGLAS, JAIME s/b James W.
5669 SE CROOKED OAK AVE
HOBE SOUND, FL 33455

Title MGR

MARTINEZ, BRIAN JOSE
15159 LAKE CLAIRE OVERLOOK DR
WINTER GARDEN, FL 34787

Annual Reports

No Annual Reports Filed