L23000)169508		
(Requestor's Name) (Address) (Address)	100410028571		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FHLED 2023 JUN -7 AM 8: 53 SEUNE WARY OF STATE FALLAHASSEE, FLORIDA		

İ 1 r

i i

Office Use Only

	•••		
	•	COVER LE	TTER
	istration Section ision of Corporations	· .	
SUBJECT:	17 Hancock Street LLC		
5010/101		Name of Limited Liab	ulity Company
Dear Sir or N	Aadam:		
	l Statement of Correction and fee(s) (are submitted for filin	Q.
	all correspondence concerning this t		-
			-
steven mosk	owitz		
	Name of Person		-
			_
	Firm/Company		
233 Maple S			-
	Address		
Waterbury, '			_
	City/State and Zip Code		
	owitz@comcast.net		-
l:-mail	address; (to be used for future annua	report notification)	
For further is	nformation concerning this matter, pla	naea sulle	
steven mosk		617	548-5440
	Name of Person	at (Area Code	_) Davtime Telephone Number
Ма	lling Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations). Box 6327		Division of Corporations The Centre of Tallahassee
	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	a check for the following amount:		
■\$25 Filing	Fee S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9	(15)		

.

ł

į.

ı.

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: _____

SECOND: The Florida Document number of the limited liability company is: <u>L23000169508</u>

THIRD: Document to be corrected is:

(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:

Article II Mailing Address shows 221 Beverly Road, WPB, FL, 33405; Mailing address should be 233 Maple Street

Waterbury, VT 05677

(Article IV MGR shows Steven Moskowitz; MGR should be Steven Moskowitz Revocable Trust

<u>0R</u>

 \square

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

		TALL	2023	
		AHA	JUN	<u> </u>
OR		SSEE.	Ľ-	1
		Г. С	AM	Π
The electronic transmission of the record was defective.		STAT	ö	\cup
	6/1/23	RID/	53	į
Signature of Authorized Representative	Date		<u> </u>	

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)