

L23000449783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

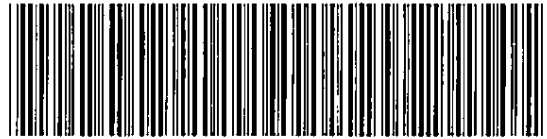
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/10/23--01028--006 **30.00

2023 OCT 10 PM 12:40
DIVISION OF CORPORATE &
STATE TAX

RECEIVED

R. HUNT

10/10/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLE OF MAN CHEESE 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:

Kevin Pedersen

Name of Person

ISLE OF MAN CHEESE LLC

Firm/Company

9240 Bonita Beach Road, Suite 1118

Address

Bonita Springs, FL 34135

City/State and Zip Code

kevin@bang-soderlund.com

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

FL
DIVISION OF STATE
CORPORATIONS
2023 OCT 10 PM 12:40

For further information concerning this matter, please call:

Kevin Pedersen

239

498-0600

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: ISLE OF MAN CHEESE LLC

SECOND: The Florida Document number of the limited liability company is: L23000449783

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 incorrect statement is that the LLC has an effective date of October 27, 2023. We would like the effective date to be October 4, 2023.

OR

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

2023 OCT 10 PM 2:40
DIVISION OF CORPORATE
STATE

OR

- ☐ The electronic transmission of the record was defective.

Kevin Pallesen 10/4/23
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.

Registered Agent's Signature

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