

Wiley

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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maan Force 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:

Aleksandr Stepan  
Name of Person

Maan Force LLC  
Firm/Company

172 Bent Arrow Dr  
Address

Destin FL 32541  
City/State and Zip Code

maanforce11c@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleksandr Stepan at (850) 716-4424  
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: Maan Force LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000412424

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

**(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:

Current effective date is 01/01/2025

New effective date: 12/13/2024

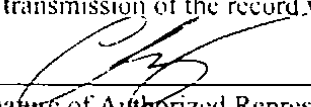
Change in plans for upcoming year 2025

**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.

 12/13/24  
Signature of Authorized Representative Date

**FILED**  
2024 DEC 13 PM 12:20  
SECRETARY OF STATE  
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)**