

L24 000 498 611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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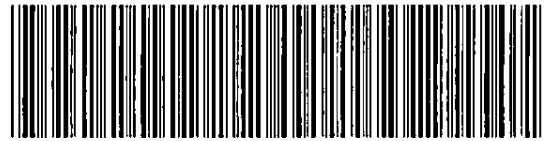
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

LAW OFFICES  
**SHELDON EVANS, P.A.**  
3074 LAKEWOOD CIRCLE  
WESTON, FLORIDA  
33332

TEL: (954) 557-2580

Email: [sheldonevans@aol.com](mailto:sheldonevans@aol.com)

December, 10, 2024

To: Florida Division of Corporations  
Florida Department of State  
\*REGISTRATION SECTION  
P.O. BOX 6327  
Tallahassee, Florida  
32314

Re: Deal Development, LLC (Fla) L 24000498611

Registration Section:

I enclose herewith the Form Cover Letter as prescribed, and the Statement of Correction for Florida Limited Liability Company, to make the following information and changes to the registration of same.

1. CHANGE OF EFFECTIVE DATE to **November 26, 2024**
2. *(Delete previously filed effective date of January 1, 2025)*
3. Add IRS EIN: **33-2233715**

Kindly confirm these correction filings to Email:  
and by return mail to letterhead address above.

Filing Fee Check # 10011 is enclosed for Fee, Certificate of Status, & Certified Copy.

*Thank You,  
Sheldon Evans, P.A.*

Encl. SEPA Ck. #10011 \$ 60.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Deal Development 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:

Sheldon Evans, Attorney

\_\_\_\_\_  
Name of Person

Sheldon Evans, P.A.

\_\_\_\_\_  
Firm/Company

3074 Lakewood Circle

\_\_\_\_\_  
Address

Weston, Florida 33332

\_\_\_\_\_  
City/State and Zip Code

sheldonevans@aol.com

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

For further information concerning this matter, please call:

Sheldon Evans, Attorney                      954                      557 2580  
\_\_\_\_\_  
Name of Person                      at (                      )                      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: Deal Development, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000498611

**THIRD:** Document to be corrected is: Registration Information

**(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 Effective Date as originally filed was Incorrect stated as January 1, 2025.

★ The CORRECT EFFECTIVE DATE is \*\*\* November 26, 2024

Also need to ADD: IRS Assigned EIN: 33-2233715

**OR**

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

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TALLAHASSEE, FL

**OR**

- ☒ The electronic transmission of the record was defective.

Sheldon Evaas, Atty. & Reg. Agent of Record

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)