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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078 Phone : (561)515-4722 Fax Number : (561)515-3904

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

To: Fax: +18506176383 H250002466383

COVER LETTER

TO: Registration Division of	i Section Corporations						
	INS BY ELAINE LLC						
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Statem	ent of Correction and fee(s)	are submitted for filir	ıg.				
Please return all corr	espondence concerning this	matter to the followin	ng:				
PAUL A. KRASKE	R						
	Name of Person						
THE LAW OFFICE	OF PAUL A. KRASKER, I	P.A.					
	Firm/Company	***************************************	_				
1615 FORUM PLAC	CE 5TH FLOOR						
	Address						
WEST PALM BEAG	CH, FLORIDA 33401						
	City/State and Zip Code	· <u>·</u> ·	_				
AMURPHY@KRA	SKERLAW COM						
E-mail address:	(to be used for future annua	I report notification)	_				
For further information	on concerning this matter, pl	case call:					
ANDREA MURPH	r snowden	561	515-4722				
Nar	ne of Person	Area Code	Daytime Telephone Number				
P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, Ft. 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				
CR2E062 (9/15)							

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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	Conv	ersion for Other Bu	siness Entity Into Flori	da Limited Liabil	ity Company. The co	pricet date the LLC	`was
	forme	ed in California sho	uld state 04/12/2022				
	<u>OR</u>						
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		·····	Reg	istered Agent's	Signature	 	
			Filing Certified Co		\$25.00 \$30.00 (optional)		

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