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## **COVER LETTER**

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| Division of Cor                                                                                                                  |                                         |                                 |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------|
| SUBJECT:                                                                                                                         | LGEMAN INVE                             | ame of Limited Liability        | Company                                                                                       |
| Dear Sir or Madam:                                                                                                               |                                         |                                 |                                                                                               |
| The enclosed Statement                                                                                                           | of Correction and fee(s) ar             | e submitted for filing.         |                                                                                               |
| Please return all correspo                                                                                                       | ondence concerning this m               | natter to the following:        |                                                                                               |
| DORIS_L                                                                                                                          | HILGEMAN<br>Name of Person              | ,,,                             |                                                                                               |
| HILGEMAN                                                                                                                         | Firm/Company                            | uc                              |                                                                                               |
| 501 65                                                                                                                           | Th STREET Address                       |                                 |                                                                                               |
| <u>Holmes</u>                                                                                                                    | BEACH FC                                | 84217                           |                                                                                               |
| Dn DHilgen<br>E-mail address: (to                                                                                                | be used for future annual               | report notification)            |                                                                                               |
| For further information of                                                                                                       | concerning this matter, ple             | ase call:                       |                                                                                               |
| DORIS H                                                                                                                          | ILGE MAN of Person                      |                                 | 778-4389 - Hone Daytime Telephone Number 598-7363 - CCLL                                      |
| STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323 | s<br>Circle                             | Reį<br>Div<br>P.C               | AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314 |
| Enclosed is a check for                                                                                                          | the following amount:                   |                                 |                                                                                               |
| \$25 Filing Fee                                                                                                                  | \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy                                       |

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR 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: HILGE MAN INVEST MENTS, LLC **SECOND:** Document to be corrected is: ANNUAL REPORT THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: FEI NUMBER IS INCORRECT MEMBER DIED, SHARE GIVEN TO TRUST, IRS ISSUED NEW NUMBER FEI NUMBER: 901114347 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are П as follows: OR  $\Box$ The electronic transmission of the record was defective. Signature of Authorized Representative 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)