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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANNAPOLIS FIRST MORTGAGE, 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:

HUNTER BLOCH

Name of Person

ANNAPOLIS FIRST MORTGAGE, LLC

Firm/Company

1508 SW 50TH ST APT 303

Address

CAPE CORAL, FL 33914

City/State and Zip Code

HUNTER@ANNAPOLISFIRST.COM

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

For further information concerning this matter, please call:

HUNTER BLOCH

Name of Person

at (410)

Area Code

365-5222

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 (2/14)

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2014 APR -9 PM 1:50
TALLAHASSEE FLORIDA

**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: ANNAPOLIS FIRST MORTGAGE, LLC

SECOND: The Florida Document number of the limited liability company is: M14000001653

THIRD: Document to be corrected is:
QUALIFICATION PAPERWORK

(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 ADDRESS GIVEN FOR MARTIN HAWK WAS INCORRECT. THE

CORRECT ADDRESS SHOULD BE LISTED AS:

3813 KENDALL DR, FREDERICK, MD. 21704.

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.

[Signature]

Signature of Authorized Representative

04/03/2014

Date

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2014 APR -9 PM 1:50
CLERK OF CIRCUIT COURT
ALACHUA COUNTY
FLORIDA

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