

M 19 000000 2323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

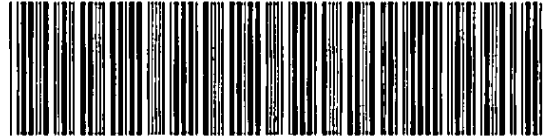
(Business Entity Name)

(Document Number)

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Statement to
Correction

10/15/21--01015--017 **25.00

STATE OF ARIZONA
DEPARTMENT OF REVENUE
TAX SERVICES DIVISION

2021 NOV -3 AM 9:34

FILED

A. RAMSEY
NOV 03 2021

*00789, 00524, 00671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11311 7 AVE 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:

Adam J. Yormack, Esq
Name of Person

Yormack Law
Firm/Company

121 Alhambra Plaza, Suite 1500
Address

Coral Gables, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Yormack at (706) 634. 6055
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2021

ADAM J. YORMACK, ESQ.
YORMACK LAW
121 ALHAMBRA PLACE, SUITE 1500
CORAL GABLES, FL 33134 US

SUBJECT: 11311 7 AVE LLC
Ref. Number: M19000002323

We have received your document for 11311 7 AVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an authorized representative sign the statement of correction in the space provided towards the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 121A00026286

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11311 7 AVE LLC
Name of Limited Liability Company

Dear Sir or Madam:

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Please return all correspondence concerning this matter to the following:

Adam J. Yormack, Esq
Name of Person

Yormack Law
Firm/Company

121 Alhambra Place, Suite 1500
Address

Coral Gables, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam Yormack at (786) 634.6055
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
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STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2021 NOV -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL 32311

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: 11311 7 AVE LLC

SECOND: The Florida Document number of the limited liability company is: M19 000002323

THIRD: Document to be corrected is: Application by Foreign LLC to file amendment to certificate of Authority to transact business in Florida

(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:

Abe Katz was incorrectly added as the manager.

The manager remains Maria Daniela Thimann

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

11/2/21
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)