

M23 00000 6251

161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

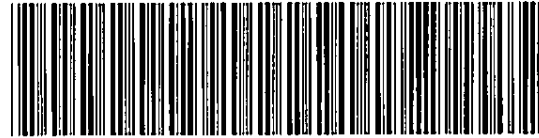
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2025 JAN -2 AM 11:05

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GERBER & ASSOCIATES INSURANCE AGENCY, 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:

Tricia Church

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

Morgan Lewis

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

300 South Grand Ave., 22nd FL

\_\_\_\_\_  
Address

Los Angeles, CA 90071

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

tricia.church@morganlewis.com

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

For further information concerning this matter, please call:

Tricia Church

213

680-6866

at (

\_\_\_\_\_  
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

**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: \_\_\_\_\_  
GERBER & ASSOCIATES INSURANCE AGENCY, LLC

**SECOND:** The Florida Document number of the limited liability company is: M23000006251

**THIRD:** Document to be corrected is: Application by Foreign LLC for authorization to do business in FL

**(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:

Do to a clerical error, the document was submitted reflecting the incorrect name of:

GERBER & ASSOCIATES INSURANCE AGENCY, LLC

The correct name is: GERBER & ASSOC. INSURANCE AGENCY LLC

**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.

/s/ Jennifer E. Baumann

December 30, 2024

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.*

*Shauna Godbolt*

Registered Agent's Signature

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

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