

M23000010556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900414151439

FILED
2023 AUG 24 AM 9:36
TALLAHASSEE, FLORIDA

RECEIVED
2023 AUG 24 AM 11:14
TALLAHASSEE, FLORIDA
DIRECTOR'S OFFICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2023

CSC

SUBJECT: ANS ELECTRIC, LLC
Ref. Number: M23000010556

RESUBMIT

Please give original
submission date as file date.

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

The name of LLC does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00019862

ALLEN
AUG 29 2023
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 08/24/23
Order #: 1256791-1
Re: ANS Electric LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195 Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANS Electrical 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:

Jason Cannon

Name of Person

Progressive Communications

Firm/Company

4875 Riverside Dr.

Address

Macon, GA 31210

City/State and Zip Code

jason.cannon@pcians.com

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

For further information concerning this matter, please call:

Jason Cannon

478

454-1011

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: ANS ELECTRIC, LLC

SECOND: The Florida Document number of the limited liability company is: M23000010556

THIRD: Document to be corrected is: Application by LLC for authorization 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:

The manager's name was incorrectly spelled as Mart Hurt. The correct name should be spelled

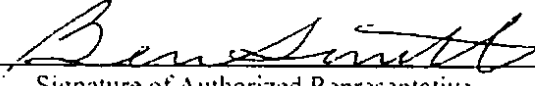
Mark Hurt on the entire document in every instance the misspelling took place.

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 of Authorized Representative

8/24/23
Date

FILED
2023 AUG 24 AM 9:36
TALLAHASSEE, FLORIDA
CLERK OF STATE

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)