

6/18/24, 10:08 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H24000211551 3)))



H240002115513ABCV

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALOMAR IMPORTS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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JUN 19 2024

T. LEMIEUX

Fax Audit # H240002115513

**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: PALOMAR IMPORTS, LLC

SECOND: The Florida Document number of the limited liability company is: M24000007518

THIRD: Document to be corrected is: Application 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 incorrect Manager was listed in #8. This was a clerical error, as the manager was updated during the filing process, but not

forwarded to the filer. 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers

or persons authorized to manage. Title: Manager, Name: William Bakker. Address: 2416 E 37th St N, Wichita, Kansas 67219

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.

W. Bakker

William Bakker, Manager

6/17/24

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.

Registered Agent's Signature

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

2024 JUN 18 PM 1:10
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 STATE OF FLORIDA