

L09000042205

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(Address)

(City/State/Zip/Phone #)

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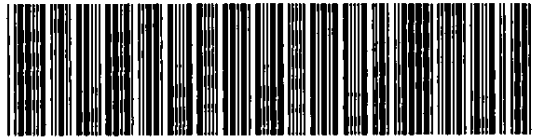
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09 MAY 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 942 LENOX AVENUE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Segaul, Esq.

Name of Person

Segaul & Stoll, P.A.

Firm/Company

8751 W. Broward Blvd Ste. 404

Address

Plantation, FL 33324

City/State and Zip Code

POWERHOLD@aol.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John D. Segaul, Esq.

Name of Person

at (954)

424-3600

Area Code & 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

ARTICLES OF CORRECTION

**FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
942 LENOX AVENUE, LLC

SECOND: The articles of organization or the application to transact business

(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:
Article V is amended as follows:

Eric I Schwanenfeld shall be deleted as a Manager.


Norton Schwanenfeld shall be added as a Manager

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 22, 2009.


Signature of a member or authorized representative of a member

Sally Schwanenfeld, Eric Schwanenfeld & Norton Schwanenfeld

Typed or printed name of signee

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

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09 MAY 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L09000042205
FILED 8:00 AM
May 01, 2009
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:

942 LENOX AVENUE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5011 KING ARTHUR AVENUE
DAVIE, FL. 33331

The mailing address of the Limited Liability Company is:

5011 KING ARTHUR AVENUE
DAVIE, FL. 33331

Article III

The purpose for which this Limited Liability Company is organized is:

APARTMENT BUILDING

Article IV

The name and Florida street address of the registered agent is:

NORTON SCHWANENFELD
5011 KING ARTHUR AVENUE
DAVIE, FL. 33331

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NORTON SCHWANENFELD

Article V

The name and address of managing members/managers are:

Title: MGR
ERIC I SCHWANENFELD
5011 KING ARTHUR AVENUE
DAVIE, FL. 33331

Title: MGR
SALLY M SCHWANENFELD
5011 KING ARTHUR AVENUE
DAVIE, FL. 33331

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May 01, 2009
Sec. Of State
gharvey

Article VI

The effective date for this Limited Liability Company shall be:

04/30/2009

Signature of member or an authorized representative of a member

Signature: NORTON SCHWANENFELD