

L14000180559

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ralons Security, LLC

Signature _____

Requested by: SETH

12/22/14

Name _____

Date _____

Time _____

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Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ralons Security, 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:

Leoncio E. de la Peæa

Name of Person

De La Peæa Group, P.A.

Firm/Company

600 Brickell Avenue, Suite 1750

Address

Miami, FL 33131

City/State and Zip Code

leo@dlp-law.com

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

For further information concerning this matter, please call:

Leoncio E. de la Pena

at (305)

377-0909

Name of Person

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

**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: Ralons Security, LLC

SECOND: The Florida Document number of the limited liability company is: L14000180559

THIRD: Document to be corrected is:
Articles of Organization

(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:

Name of Authorized Person/MGR is wrong and last name is spelled wrong:

Ruquejo, Juan A. CORRECT NAME IS: Requejo, Luis A.

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.

Juan G. Ducaud
Signature of Authorized Representative

12/19/2014

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 22 AM 10:06

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