

L15000003996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

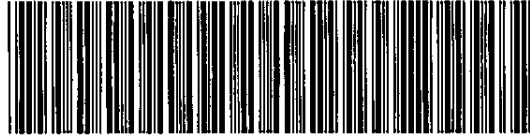
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BULOVA TECHNOLOGIES HEALTH CARE PRODUCTS LLC
Name of Limited Liability Company

CORRECTED TO BULOVA TECHNOLOGIES HEALTHCARE PRODUCTS LLC

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:

CRAIG SCHNEE

Name of Person

BULOVA TECHNOLOGIES HEALTHCARE PRODUCTS LLC

Firm/Company

12645 49TH ST.

Address

CLEARWATER, FL 33762

City/State and Zip Code

cschnee@bulovatech.com

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

For further information concerning this matter, please call:

CRAIG SCHNEE

Name of Person

at (717)

Area Code

881-4886

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: BULOVA TECHNOLOGIES HEALTH CARE PRODUCTS LLC CORRECTED TO BULOVA HEALTHCARE PRODUCTS LLC

SECOND: The Florida Document number of the limited liability company is: L15000003996

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:


THE NAME SHOULD BE CORRECTED TO :
BULOVA HEALTHCARE PRODUCTS LLC

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

2/5/15

Date

2015 FEB 11 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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