

2021-12-08 09:37

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H210004434983

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H210004434983ADC2

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SACONSA GROUP LLC
Account Number : 120200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

••Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. •• Email

Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LECLOSET GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 DEC 10 AM 8:18

FALL HASSEE, FLORIDA



FLORIDA
DEPARTMENT OF STATE
FALL HASSEE, FLORIDA

2021 DEC 10 AM 11:08

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER **H210004434983**

TO: Registration Section
Division of Corporations

SUBJECT: LECLOSET GROUP 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:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33166

City/State and Zip Code

lilianaplauchan@gmail.com

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

For further information concerning this matter, please call:

JESUS LEON

786

7572436

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

CR2E062 (9/15)

H210004434983

STATEMENT OF CORRECTION H210004434983
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: LECLOSET GROUP LLC

SECOND: The Florida Document number of the limited liability company is: L21000482496

THIRD: Document to be corrected is: _____

(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:

Effective Date: 12/14/2021

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]
Signature of Authorized Representative

12/14/2021
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)