

L21000482496

Florida Department of State H210004434983  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H210004434983))



H210004434983ADC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED

SEC. OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC 10 AM 11:08

FILED

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

lilianaplauchart@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

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:

[Blank lines for defectively signed details]

OR

The electronic transmission of the record was defective.

Signature of Authorized Representative: [Handwritten Signature] Date: 12/14/2021

FILED
2021 DEC 10 AM 11:08
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)