

LC4000054041

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TALLAHASSEE, FLORIDA

4/29/2014 MAY 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICON GROUP ENGINEERS, 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:

JUAN C. CLAVIJO

Name of Person

ICON GROUP ENGINEERS, LLC.

Firm/Company

10916 SW 240TH STREET

Address

MIAMI, FLORIDA 33032

City/State and Zip Code

JCLAVIJO@ICONGROUPENGINEERS.COM

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

For further information concerning this matter, please call:

JUAN C. CLAVIJO

at (

305

Area Code

300-7178

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: ICON GROUP ENGINEERS, LLC.

SECOND: The Florida Document number of the limited liability company is: L04000054041

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:

I INCORRECTLY USED THE TITLE OF PRESIDENT.

THE CORRECT TILE MGR MANAGER.

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.

John C. Gump
Signature of Authorized Representative

4/29/2014
Date

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