

L05000115533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Exam fee	DCC
Update	DCC
Fee	CC
Signature	DCC
W. P. Verifier	DCC



700062342267

12/23/05--01015--005 **25.00

FILED

2005 DEC 23 P 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safeguard Shutters, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kent Knisley
(Name of Person)

Safeguard Shutters, LLC
(Firm/Company)

3231 Capital Medical BLD
(Address)

Tallahassee, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Kent Knisley at (850) 545-5318
(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

CR2E062 (08/05)

2005 DEC 23 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Safeguard Shutters, LLC

SECOND: The articles of organization or the application to transact business

(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:
An incorrect assumption of fact regarding addresses were made.

The correct Principal Office and Mailing Address is 3231 Capital Medical
BLVD, Tallahassee, FL 32308.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 21, 2005


Signature of a member or authorized representative of a member

Kent Knisley
Typed or printed name of signee

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

2005 DEC 23 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED