

LOG000052241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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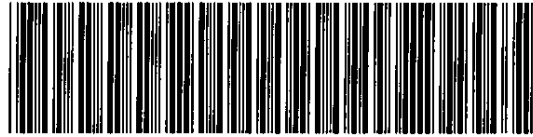
(Business Entity Name)

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06 JUN -9 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-13

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conman 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:

Stephen R. Nowell

(Name of Person)

Conman LLC

(Firm/Company)

2300 Stonegate Circle

(Address)

Port Charlotte, FL 33948

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen R. Nowell

(Name of Person)

at (941) 628-0949

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
Conman 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:
The Manager listed was incorrect, it should not have been Bette L. Gilpin, who is only the

Registered Agent. The correct Manager for Conman LLC is:

Stephen R. Nowell, 2300 Stonegate Circle, Port Charlotte, FL 33948

OR

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

Dated: June 7, 2006

Stephen R. Nowell
Signature of a member or authorized representative of a member

Stephen R. Nowell

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000052241
FILED 8:00 AM
May 22, 2006
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:
CONMAN LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2300 STONEGATE CIRCLE
PORT CHARLOTTE, FL. 33948

The mailing address of the Limited Liability Company is:
2300 STONEGATE CIRCLE
PORT CHARLOTTE, FL. 33948

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
BETTE L GILPIN
12219 REED POND DR. W
JACKSONVILLE, FL. 32223

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BETTE L. GILPIN

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
BETTE L GILPIN
12219 REED POND DR. W.
JACKSONVILLE, FL. 32223 US

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May 22, 2006
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

05/21/2006

Signature of member or an authorized representative of a member

Signature: CONNIE S. NOWELL

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TALLAHASSEE, FLORIDA