

L07000052147

(Requestor's Name)

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J. BRYAN

MAY 23 2007

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN -4 PM 2:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2007

ALAN K. GEER
ALAN K. GEER, P.A., CPAS
7401 D TEMPLE TERRACE HWY
TAMPA, FL 33637

SUBJECT: CLASS SERVICE, LLC
Ref. Number: L07000052147

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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We have received your document for CLASS SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 007A00035759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASS SERVICE, 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:

ALAN K. GEER, CPA

(Name of Person)

ALAN K. GEER, P.A., CPAs

(Firm/Company)

7401 TEMPLE TERRACE HWY, SUITE D

(Address)

TAMPA, FL 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN K. GEER, CPA

(Name of Person)

at (813) 988-9564

(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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DIVISION OF CORPORATIONS
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**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:
CLASS SERVICE, LLC

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

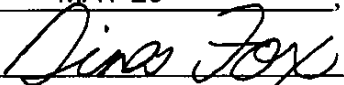
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE NAME OF THE LLC IS INCORRECT. THE NAME SHOULD BE "CLASS SOURCE
LLC" NOT "CLASS SERVICE, LLC"

OR

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

Dated: MAY 29 , 2007



Signature of a member or authorized representative of a member

DINA FOX, MANAGING MEMBER

Typed or printed name of signee

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

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

107000052147
FILED 8:00 AM
May 16, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
CLASS SERVICE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
15928 DOVER CLIFFE DRIVE
LUTZ, FL. US 33548

The mailing address of the Limited Liability Company is:
15928 DOVER CLIFFE DRIVE
LUTZ, FL. US 33548

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:
DINA FOX
15928 DOVER CLIFFE DRIVE
LUTZ, FL. 33548

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: DINA FOX

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Article V

The name and address of managing members/managers are:

Title: MGRM
DINA FOX
15928 DOVER CLIFFE DRIVE
LUTZ, FL. 33548 US

Signature of member or an authorized representative of a member

Signature: DINA FOX

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FILED 8:00 AM
May 16, 2007
Sec. Of State
ncausseaux

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