

LO7000062016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESBRANDT, 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:

WILLIAM GLENN ROY III, ESQ.

(Name of Person)

THE ROY LAW FIRM, PL

(Firm/Company)

411 WEST CENTRAL PARKWAY

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM GLENN ROY III, ESQ.

(Name of Person)

at (407) 869-1414

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

**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:
WESBRANDT, LLC

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

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

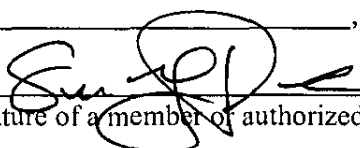
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

PLEASE SEE ATTACHMENT

OR

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

Dated: June 19, 2007


Signature of a member or authorized representative of a member

WILLIAM GLENN ROY III, ESQ.

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

Article I

The name of the Limited Liability Company is hereby corrected to read as follows:

WESBRANT, LLC

Article II

The street address of the Limited Liability Company is hereby corrected to read as follows:

STREET ADDRESS:
1730 EAST HIGHWAY 50, SUITE 29
CLERMONT, FLORIDA. US, 34711

Article II

The mailing address of the Limited Liability Company is hereby corrected to read as follows:

MAILING ADDRESS:
1730 EAST HIGHWAY 50, SUITE 29
CLERMONT, FLORIDA. US, 34711

Article IV

The Florida street address of the registered agent is hereby corrected to read as follows:

1730 EAST HIGHWAY 50, SUITE 29
CLERMONT, FLORIDA. US, 34711

Article V

The addresses of the managing members/managers are hereby corrected to read as follows:

Title: MGMR
SYLVIA B. WEST
1730 EAST HIGHWAY 50, SUITE 29
CLERMONT, FLORIDA. US, 34711

Title: MGR
PETER W. WEST SR.
1730 EAST HIGHWAY 50, SUITE 29
CLERMONT, FLORIDA. US, 34711

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

L07000062016
FILED 8:00 AM
June 12, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
WESBRANDT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1530 REFLECTION STREET
CLERMONT, FL. US 34711

The mailing address of the Limited Liability Company is:
1530 REFLECTION STREET
CLERMONT, FL. US 34711

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:
SYLVIA B WEST
1530 REFLECTION STREET
CLERMONT, FL. 34711

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: SYLVIA B. WEST

Article V

The name and address of managing members/managers are:

Title: MGRM
SYLVIA B WEST
1530 REFLECTION STREET
CLERMONT, FL. 34711 US

Title: MGR
PETER W WEST SR.
1530 REFLECTION STREET
CLERMONT, FL. 34711 US

Signature of member or an authorized representative of a member

Signature: WILLIAM G. ROY, III

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June 12, 2007
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