

LO1000072297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

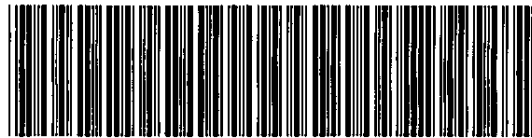
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casson Enterprises 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:

Olen D. Casson
(Name of Person)

(Firm/Company)

2043 Turner Street
(Address)

Clearwater, FL 33764
(City/State and Zip Code)

For further information concerning this matter, please call:

Olen D. Casson at (727) 686 1594
(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)

**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:
CASSON Enterprises 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:

OR

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

Remove Laura Casson - Harakal as
MGRM - only 1 MGRM should
be Olen D. Casson 2043 Turner St., Clearwater,
FL 33764

Dated: 7/31, 2007

Olen D. Casson
Signature of a member or authorized representative of a member

Olen D. Casson
Typed or printed name of signee

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

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

L07000072297
FILED 8:00 AM
July 12, 2007
Sec. Of State
dcurry

Article I

The name of the Limited Liability Company is:

CASSON ENTERPRISES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

209 N DIXIE AVE
FRUITLAND PARK, FL. US 34731

The mailing address of the Limited Liability Company is:

2043 TURNER STREET
CLEARWATER, FL. US 33764

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:

OLEN D CASSON
2043 TURNER STREET
CLEARWATER, FL. 33764

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: OLEN D. CASSON

Article V

The name and address of managing members/managers are:

Title: MGRM
OLEN D CASSON
2043 TURNER STREET
CLEARWATER, FL. 33764

Title: MGRM
LAURA CASSON-HARAKAL
6549 FREEPORT DRIVE
SPRING HILL, FL. 34608

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FILED 8:00 AM
July 12, 2007
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

07/12/2007

Signature of member or an authorized representative of a member

Signature: OLEN D. CASSON