



LD70000100806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

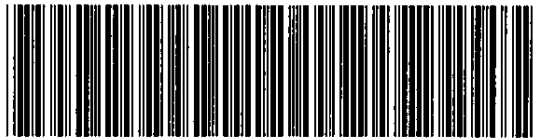
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benefit Options Resource, 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:

Timothy A. Ballesteros
(Name of Person)

Benefit Options Resource, LLC
(Firm/Company)

114 Ridgeway Blvd.
(Address)

Deland, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy A. Ballesteros at (407) 998-5214
(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

**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:

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 change "Resouce" to "Resource" as it was spelled incorrectly on the initial application.

OR

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

Dated: _____

Signature of a member or authorized representative of a member

Timothy A. Ballesteros

Typed or printed name of signee

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

2007 OCT 10 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED