

LOG000061754

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statement of  
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✓

T. Burch APR 7 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAY'S SECURITY CONSULTANTS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria I. Landa-Posada

Name of Person

Landa-Posada P.A.

Firm/Company

6080 S.W. 40 Street, Suite 4

Address

Miami, Fl. 33155

City/State and Zip Code

MPOSADA@LPM-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA I. LANDA-POSADA

Name of Person

at ( 305 )

Area Code

476-9050

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 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: LAY'S SECURITY CONSULTANTS LLC

**SECOND:** The Florida Document number of the limited liability company is: L08000061754

**THIRD:** Document to be corrected is:  
2014 Annual Report

**(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 address for the Registered Agent shall be:

Landa-Posada P.A.; 6080 S.W. 40 Street, Suite 4, Miami, Fl. 33155

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TALLAHASSEE, FLORIDA

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

ML Posada

3/31/14

Signature of Authorized Representative

Date

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