

**B. Todd** AUG 08 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAVANA SLACKERS, 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:

JOEL M. MENARDI  
(Name of Person)

HAVANA SLACKERS, LLC  
(Firm/Company)

9310 Flemming Grant Rd.  
(Address)

MILCO, FL 32976  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL M. MENARDI at (772) 501-1820  
(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: HAUANA SLACKERS, 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:

Robert J.

BEDEA is a Managing Member & JOEL M. MENARD  
is a managing member  
Robert J. Bedea

**OR**

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

Dated: August 4<sup>th</sup>

JOEL M. MENARD  
Signature of a member or authorized representative of a member

JOEL M. MENARD

Typed or printed name of signee

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