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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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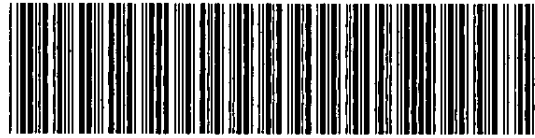
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 SEP -2 AM 8:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLING INVESTMENTS, 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:

Victor J. Troiano, Esquire
(Name of Person)

Troiano & Roberts, P.A.
(Firm/Company)

317 S. Tennessee Avenue
(Address)

Lakeland, Florida 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor J. Troiano, Esquire at (863) 686-7136
(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: FLING INVESTMENTS, 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:

Mailing Address, Street Address and Registered Agent Address is:

429 East Timberlane Office

Lakeland, Florida 33801

OR

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

Dated: _____

August

2008

Signature of a member or authorized representative of a member

Victor J. Troiano, Authorized Representative

Typed or printed name of signee

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA