

LO8000110774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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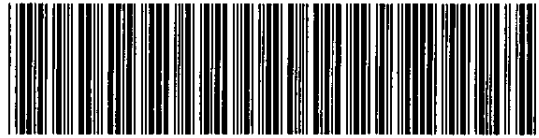
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 1:44

T. HAMPTON

DEC 16 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROLSAFE, 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:

PATRICIA SHAW

(Name of Person)

ROLSAFE, LLC

(Firm/Company)

5845 CORPORATION CIRCLE

(Address)

FORT MYERS, FL 33905

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA SHAW

(Name of Person)

at ( 239 ) 694-5400

(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:  
ROLSAFE, 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:  
ARTICLE IV - REGISTERED AGENT NAME SAYS - VERNON L. COLLINS

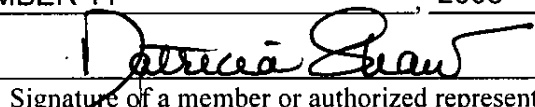
THE REGISTERED AGENT SHOULD BE AMENDED TO READ -

VERNON E. COLLINS

**OR**

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

Dated: DECEMBER 11, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PATRICIA SHAW, CFO/CONTROLLER

\_\_\_\_\_  
Typed or printed name of signee

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

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

L08000110774  
FILED 8:00 AM  
December 03, 2008  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
ROLSAFE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5845 CORPORATION CIRCLE  
FORT MYERS, FL. 33905

The mailing address of the Limited Liability Company is:  
5845 CORPORATION CIRCLE  
FORT MYERS, FL. 33905

**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:  
VERNON L COLLINS  
3081 MEANDERING WAY #202  
FORT MYERS, FL. 33905

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: VERNON E. COLLINS

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DIVISION OF CORPORATIONS  
08 DEC 15 PM 1:44

## Article V

The name and address of managing members/managers are:

Title: MGRM  
VERNON E COLLINS  
5845 CORPORATION CIRCLE  
FORT MYERS, FL. 33905

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FILED 8:00 AM  
December 03, 2008  
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Signature of member or an authorized representative of a member

Signature: PATRICIA SHAW

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