

LD8000115349

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSP GROUP, 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:

THOMAS P. CARROLL

(Name of Person)

GENERAL BUSINESS SERVICES

(Firm/Company)

12412-101 SAN JOSE BLVD

(Address)

JACKSONVILLE, FL. 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. CARROLL

(Name of Person)

at (904) 260-1099

(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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2009

THOMAS P. CARROLL
GENERAL BUSINESS SERVICES
12412-101 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

SUBJECT: SSP GROUP, LLC
Ref. Number: L08000115349

We have received your document for SSP GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 809A00001029

**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:
SSP GROUP, 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 V. PLEASE CORRECT THE SPELLING OF TWO OF THE FOLLOWING MANAGING MEMBERS NAMES

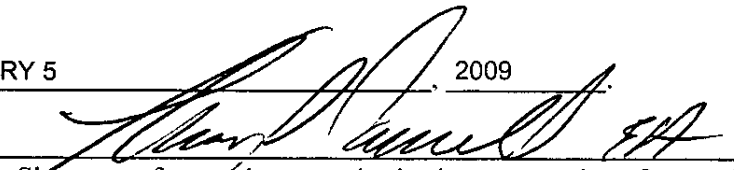
ROBERT SUOMINEN

DAVID HUNSICKER

OR

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

Dated: JANUARY 5, 2009


Signature of a member or authorized representative of a member

THOMAS P. CARROLL

Typed or printed name of signee

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

FILED
09 JAN 23 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA