

LO9 000033350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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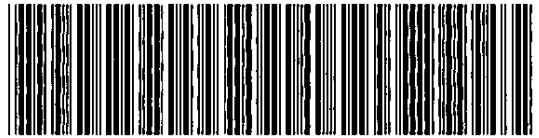
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALAMON, SELE, LORIDA

S. HAWKES

APR 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALEX PALLETS 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:

409-33350

JULIO MOLINA

(Name of Person)

JULIO MOLINA PA

(Firm/Company)

2002 CURRY FORD RD

(Address)

ORLANDO FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO MOLINA

(Name of Person)

at (407) 228-4757

(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:
PALEX PALLETS 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:
CORRECT ADDRESS FOR ALEXANDER SOLIS IS:

1601 PALM TREE DR

KISSIMMEE FL 34744

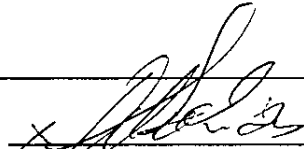
AS REGISTERED AGENT AND MANAGING MEMBER(MGR)

OR

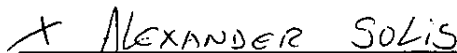


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

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

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09 APR 23 10:07
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TALLAHASSEE, FLORIDA