

L09000062601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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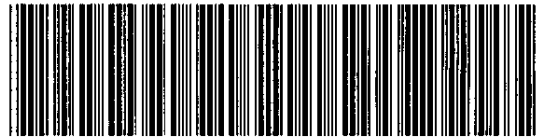
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 8 PM 2:17

T. HAMPTON

JUL - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTOPDATA, 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:

Catherine Daniels

Name of Person

Firm/Company

9712 Palma Vista Way

Address

Boca Raton, FL 33428

City/State and Zip Code

cdaniels@edatastop.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Daniels

Name of Person

at (561)

261-9260

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

RECEIVED

09 JUL -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 1, 2009

CATHERINE DANIELS
9712 PALMA VISTA WAY
BOCA RATON, FL 33428

SUBJECT: ESTOPDATA, LLC
Ref. Number: L09000062601

We have received your document for ESTOPDATA, LLC and your check(s) totaling \$25.00. 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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00022595

**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:
 ESTOPDATA, 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:

Name currently ESTOPDATA, LLC

Name should be EDATASTOP, LLC

OR



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

Dated: July, 29, 2009


Signature of a member or authorized representative of a member

Catherine Daniels

Typed or printed name of signer

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

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

L09000062601
FILED 8:00 AM
June 29, 2009
Sec. Of State
alunt

Article I

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

Article II

The street address of the principal office of the Limited Liability Company is:
9712 PALMA VISTA WAY
BOCA RATON, FL. 33428

The mailing address of the Limited Liability Company is:
9712 PALMA VISTA WAY
BOCA RATON, FL. 33428

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:
CATHERINE DANIELS
9712 PALMA VISTA WAY
BOCA RATON, FL. 33428

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: CATHERINE M. DANIELS

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DIVISION OF CORPORATIONS
09 JUL - 8 PM 2:17

Article V

The name and address of managing members/managers are:

Title: PRES
CATHERINE DANIELS
9712 PALMA VISTA WAY
BOCA RATON, FL. 33428

L09000062601
FILED 8:00 AM
June 29, 2009
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Signature of member or an authorized representative of a member

Signature: CATHERINE DANIELS

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