

LO9000112555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

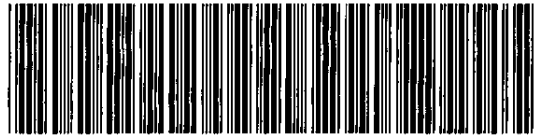
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500163115785

11/30/09--01029--014 **25.00

FILED

09 NOV 30 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC. - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCE TECHNOLOGY, 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:

Marian H. Sbar, Esq.

Name of Person

Rocke, McLean & Sbar, P.A.

Firm/Company

2309 S. MacDill Avenue

Address

Tampa, Florida 33629

City/State and Zip Code

rwalkerengineering@live.com

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

09 NOV 30 PM 2:52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marian H. Sbar, Esq.

Name of Person

at (813) 769-5600

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:
 LCE TECHNOLOGY, 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:
The registered agent's name and the name of the city listed in the address were
entered incorrectly as Walker J Richard, 1151 45th Ave NE, St. Petersburg, FL
33703. The correct information for the registered agent's name and address are
as follows: Richard J Walker, 1151 45th Ave NE, St. Petersburg, FL 33703

OR

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

Dated: November 25, 2009

Marian H Sbar
Signature of a member or authorized representative of a member

Marian H. Sbar, as authorized representative of a member
Typed or printed name of signee

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

FILED
09 NOV 30 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L09000112555
FILED 8:00 AM
November 23, 2009
Sec. Of State
shawkes

Article I

The name of the Limited Liability Company is:
LCE TECHNOLOGY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1151 45TH AVENUE NE
ST. PETERSBURG, FL. 33703

The mailing address of the Limited Liability Company is:
1151 45TH AVENUE NE
ST. PETERSBURG, FL. 33703

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:
WALKER J RICHARD
1151 45TH AVENUE NE
ST. PETERSBURG, FL. 33703

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: RICHARD J. WALKER

FILED
09 NOV 30 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
RICHARD J WALKER
1151 45TH AVENUE NE
ST. PETERSBURG, FL. 33703

L09000112555
FILED 8:00 AM
November 23, 2009
Sec. Of State
shawkes

Signature of member or an authorized representative of a member

Signature: RICHARD J. WALKER

FILED
09 NOV 30 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA