

L10000037145

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Document Number)

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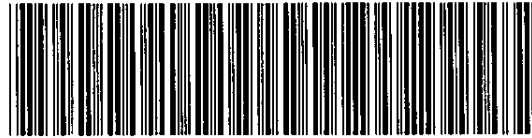
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

SEP 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPIRE SURGICAL LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRAD WEBER

Name of Person

EMPIRE SURGICAL LLC

Firm/Company

2120 AVENUE "E" NW

Address

WINTER HAVEN FL 33880

City/State and Zip Code

bWEBER2@gmail.com

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

For further information concerning this matter, please call:

BRAD WEBER

Name of Person

at (941) 2286997

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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: EMPIRE SURGICAL LLC

SECOND: The Florida Document number of the limited liability company is: L10000037145

THIRD: Document to be corrected is: - 2014 Annual Report
REGISTERED AGENT / AUTHORIZED PERSON

(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:

REGISTERED AGENT IS FRANCIS WEBER,
NOT BRAD WEBER
AUTHORIZED PERSON IS BRAD WEBER, NOT
FRANCIS WEBER
OR
ADDRESS IS SAME FOR BOTH

Manager

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

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TALLAHASSEE, FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Francis Weber
I am familiar with and accept the
duties and responsibilities as registered agent.