

L10000068692

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STATE OF FLORIDA  
TALLAHASSEE

S. HAWKES

JUL 1 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCM VISION 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:

SATYA MANTENA

Name of Person

PCM VISION LLC

Firm/Company

4109 LAND O LAKES BLVD

Address

LAND O LAKES / FL 34639

City/State and Zip Code

301SUN@GMAIL.COM

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

For further information concerning this matter, please call:

SATYA MANTENA

Name of Person

at ( 813 )

888-8885

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)

**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:  
PCM VISION 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:

CHANGE EFFECTIVE START DATE FROM JULY 28 2010 (07/28/2010) TO

JUNE 28 2010 (06/28/2010), IF THATS NOT POSSIBLE PLEASE USE THE

DAY THE REQUEST IS RECIEVED AS EFFECTIVE START DATE (E.G. JUIY

01 2010 (07/01/2010)

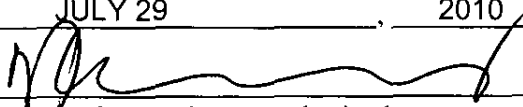
**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: JULY 29, 2010

  
Signature of a member or authorized representative of a member

SATYA MANTENA

Typed or printed name of signer

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

FILED  
JUN 30 PM 12:17  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA