

C10000086718

(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



600185469236

600185469236  
09/24/10--01023--001--\$25.00

T. CLINE

SEP 27 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 24 AM 11:05

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** entrePREneur Communications, 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:

Katherine Ann Schweikhardt, Esq.

Name of Person

The Schweikhardt Law Firm, Chartered

Firm/Company

900 Sixth Avenue South, Suite 203

Address

Naples, FL 34102

City/State and Zip Code

napleslaw@att.net

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

For further information concerning this matter, please call:

Katherine Ann Schweikhardt

Name of Person

at ( 239 )

262-2227  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 24 AM 11:05

FILED

**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:  
entrePREneur Communications, 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:

Article II- The street address and mailing address of the principal office of the

Limited Liability Company is: 678 Fifth Avenue North, Naples, FL 34102 and

Article V- The name and address of managing members/ managers are:

Title: MGRM Carolyn Tieger, 678 Fifth Avenue North, Naples, FL 34102 US

**OR**



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

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

Dated: September 20, 2010

K. Schweikhardt

Signature of a member or authorized representative of a member

Katherine Ann Schweikhardt

Typed or printed name of signee

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**

2010 SEP 24 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L10000086718  
FILED 8:00 AM  
August 18, 2010  
Sec. Of State  
clewis

**Article I**

The name of the Limited Liability Company is:  
ENTREPRENEUR COMMUNICATIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
678 FIFTH AVE. S.  
NAPLES, FL. US 34102

The mailing address of the Limited Liability Company is:  
678 FIFTH AVE. S.  
NAPLES, FL. US 34102

**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:  
KATHERINE A SCHWEIKHARDT  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL. 34102

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: KATHERINE ANN SCHWEIKHARDT

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CAROLYN TIEGER  
678 FIFTH AVE. S.  
NAPLES, FL. 34102 US

L10000086718  
FILED 8:00 AM  
August 18, 2010  
Sec. Of State  
clewis

Signature of member or an authorized representative of a member

Signature: KATHERINE ANN SCHWEIKHARDT