

L1100005452

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KENT PACKERS LIMITED LIABILITY COMPANY

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:

DAVID B. LANTER, CPA

Name of Person

LANTER, LEONARDO, & LEVY, LLC

Firm/Company

1800 NW CORPORATE BLVD. #303

Address

BOCA RATON, FL 33431

City/State and Zip Code

DLANTER@JILCPA.NET

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

For further information concerning this matter, please call:

DAVID B. LANTER

Name of Person

at ( 561 )

998-7770

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:  
KENT PACKERS LIMITED LIABILITY COMPANY

**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 V: AN ADDITIONAL MANAGER IS ADDED AS FOLLOWS:

TITLE: MGR

NAME: CHARLES DECHENE

ADDRESS: 675 SW 12TH AVE    POMPAÑO BEACH, FL 33069

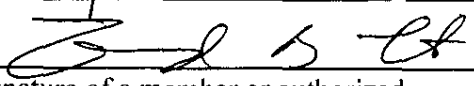
**OR**



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

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

Dated: January 26, 2011

  
Signature of a member or authorized representative of a member

DAVID B. LANTER

Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 31 AM 11:04

FILED

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

L11000005452  
FILED 8:00 AM  
January 13, 2011  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

KENT PACKERS LIMITED LIABILITY COMPANY

**Article II**

The street address of the principal office of the Limited Liability Company is:

675 SW 12TH AVE  
POMPAÑO BEACH, FL. US 33069

The mailing address of the Limited Liability Company is:

675 SW 12TH AVE  
POMPAÑO BEACH, FL. US 33069

**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:

DIANE M BERUBE  
675 SW 12TH AVE  
POMPAÑO BEACH, FL. 33069

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: DIANE BERUBE

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
DIANE M BERUBE  
675 SW 12TH AVE  
POMPANO BEACH, FL. 33069 US

L11000005452  
FILED 8:00 AM  
January 13, 2011  
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Signature of member or an authorized representative of a member

Electronic Signature: DIANE BERUBE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.