

L11000011977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FEB 25 2010

**EXAMINER**

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2011 FEB 24 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ATTN: *Aggus* 850-245-6030  
**COVER LETTER**

TO: Registration Section  
 Division of Corporations

SUBJECT: A Plus movers  
 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:

Tracy S. Simpson  
 Name of Person

Firm/Company

113 LARKSPUR DRIVE  
 Address

Altamonte Springs FL 32701  
 City/State and Zip Code

BROKER+REY1@yahoo.com  
 E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Tracy S. Simpson at 407 535-8130  
 Name of Person 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: A Plus MOVERS

**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:

Add Tracy Simpson as MGRM

**OR**

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

Upon completion of registration I did not  
not complete as member manager.

Tracy Simpson MGRM

Dated: 1/28/11

[Signature]  
Signature of a member or authorized representative of a member

TRACY S. Simpson

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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