

L11000122823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

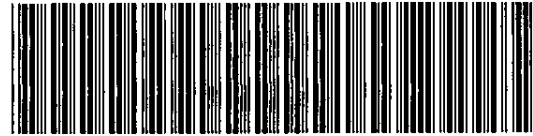
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 21 2011

EXAMINER

2840



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2011

KAREN S. AUSTIN
1746 SILVERSTAR ROAD, SUITE 209
OCOE, FL 34761

SUBJECT: AUSTIN FOOD SERVICE ACCESSORIES, LLC
Ref. Number: L11000122823

We have received your document for AUSTIN FOOD SERVICE ACCESSORIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00027639

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11 DEC -9 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUSTIN FOOD SERVICE ACCESSORIES, 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:

KAREN S. AUSTIN

Name of Person

AUSTIN FOOD SERVICE ACCESSORIES, LLC

Firm/Company

1746 SILVER STAR ROAD, SUITE 209

Address

OCOOE, FL 34761

City/State and Zip Code

DURACRADLE@GMAIL.COM

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

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11 DEC -9 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KAREN S. AUSTIN

Name of Person

at (407) 448-6507

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:
AUSTIN FOOD ACCESSORIES, 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:

The effective date is 10/27/11 (Not 1/1/2012).

The correct email address is: duracradle@gmail.com

OR



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

Dated: NOVEMBER 4, 2011

Karen S. Austin
Signature of a member or authorized representative of a member

KAREN S. AUSTIN

Typed or printed name of signee

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

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11 DEC -9 PM 4:05
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TALLAHASSEE, FLORIDA