

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.
Account Number : I19980000080
Phone : (305) 538-2344
Fax Number : (305) 538-0419

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 18 AM 8:24

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PBS@senatorlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEDIAMSE, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140000930093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEDIAMSE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL B. STEINBERG

Name of Person

STEINBERG & ASSOCIATES, P.A.

Firm/Company

767 ARTHUR GODFREY ROAD

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

PBS@SENATORLAW.COM

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

For further information concerning this matter, please call:

PAUL B. STEINBERG

305

5382344

Name of Person

at ()

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 (2/14)

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: LEDIAMSE, LLC

SECOND: The Florida Document number of the limited liability company is: L12000066262

THIRD: Document to be corrected is: ANNUAL REPORT

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

SYLVIE MOUYAL, AS MANAGER, OF LEDIAMSE, LLC, a Florida limited liability company, whose address is 3201 NE 183RD STREET, #2503 Aventura, FL 33160 was INCORRECTLY REMOVED as a Manager. She should be REINSTATED

FILED 2014 APR 18 AM 09 24 CLERK OF STATE TALLAHASSEE FLORIDA

OR

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

OR

[] The electronic transmission of the record was defective.

Signature of Authorized Representative: [Handwritten Signature] Date: 4/18/14

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

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