

Division of Corporations

Page 1 of 1

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

\*\*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

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APR 21 2014

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Corporate Filing Menu

Help

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

at 305

5382344

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

CR2E062 (2/14)

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2014 APR 18 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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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)**



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

**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

4/18/14

Date

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

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