

L120000087981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

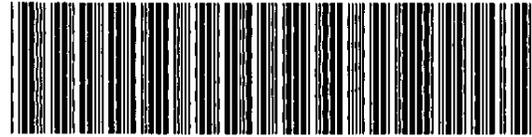
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700237097137

700237097137  
07/10/12--01022--014 \*\*30.00

FILED  
2012 JUL 10 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 11 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAM Quality Wholesale 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:

Megan Earrell  
Name of Person

LAM Quality Wholesale LLC  
Firm/Company

1034 Madison Ave  
Address

Lakeland FL 33805  
City/State and Zip Code

LMWholesale03@yahoo.com  
E-mail address: (to be used for future annual report notification)

FILED  
2012 JUL 10 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Megan Earrell at (727) 269-1540  
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:  
LTM Quality Wholesale LLC

**SECOND:** The articles of organization or the application to transact business

**FILED**  
2012 JUL 10 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(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 following member Michael Maultry  
will not be apart of Ltm Quality  
Wholesale LLC.

**OR**

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

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

Dated: 07-09-2012

Megan Eazell  
Signature of a member or authorized representative of a member

Megan Eazell  
Typed or printed name of signee

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

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

L12000087981  
FILED 8:00 AM  
July 05, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
L&M QUALITY WHOLESALE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
104 W SENECA AVE  
13  
TAMPA, FL. 33612

The mailing address of the Limited Liability Company is:  
1034 MADISON AVE  
LAKELAND, FL. 33805

**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:  
MEGAN A EAZELL  
1034 MADISON AVE  
LAKELAND, FL. 33805

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: MEGAN EAZELL

FILED  
2012 JUL 10 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGR  
MICHAEL D MOULTRY  
1034 MADISON AVE  
LAKELAND, FL. 33805

L12000087981  
FILED 8:00 AM  
July 05, 2012  
Sec. Of State  
jbryan

### Article VI

The effective date for this Limited Liability Company shall be:

07/05/2012

Signature of member or an authorized representative of a member

Electronic Signature: MEGAN EAZELL

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.

2012 JUL 10 AM 11:35  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA