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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RADIODUGA.COM 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:

KENNY GONCALVES  
Name of Person

RADIODUGA.COM LLC  
Firm/Company

61 FRANCIS LN  
Address

PALM COAST FL 32137  
City/State and Zip Code

GONCALVES KENNY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNY GONCALVES at ( 386 ) 503-7190  
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:

\_\_\_\_\_

**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:

\_\_\_\_\_  
WHERE IT STATES JASON A. REGO IS A  
\_\_\_\_\_  
MGML IT SHOULD STATE THAT  
\_\_\_\_\_  
JASON A. REGO IS A MANAGER ONLY  
\_\_\_\_\_  
NOT MANAGING MEMBER  
**OR**



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

\_\_\_\_\_

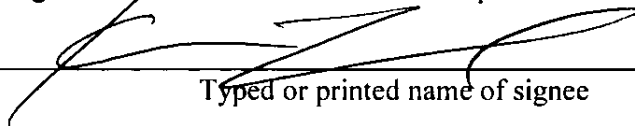
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Signature of a member or authorized representative of a member



Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 24 AM 1:51

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