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2014 JAN 10 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Milberg Klein, P.L.
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 J. Milberg

Name of Person

Milberg Klein P.L.

Firm/Company

2511 Hunters Run Way

Address

Weston, FL 33327

City/State and Zip Code

pmilberg@milbergkleinlaw.com

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

For further information concerning this matter, please call:

Paul Milberg

Name of Person

at (954) 288-7942

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

**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.

FILED
2014 JAN 10 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
Milberg Klein P.L.

SECOND: Document to be corrected is:
Articles of Incorporation

(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 Address of the company is incorrect and should be changed as follows:

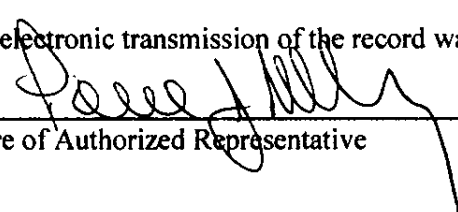
5550 Glades Road, Suite 500 Boca Raton, FL 33431p

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

1-3-14
Date

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