

L14000038874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

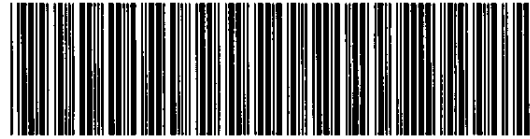
(Business Entity Name)

(Document Number)

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2014 MAR 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan MAR 19 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIV SIMPLE 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:

GWENDOLYN A ANGLIN

Name of Person

Firm/Company

2441 8TH ST UNIT 37

Address

SARASOTA, FL 34237

City/State and Zip Code

myelyfe@gmail.com

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

For further information concerning this matter, please call:

GWENDOLYN A ANGLIN at ( 941 ) (941) 928-5696

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

**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:  
LIV SIMPLE LLC

**SECOND:** Document to be corrected is:  
Name of the LLC

**(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:

Please change the name of LLC from  
LIV SIMPLE LLC TO LV SIMPLE LLC

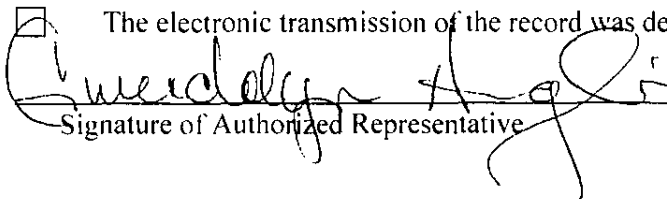
**OR**

- ☐ 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

3/10/2014  
Date

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

FILED  
2014 MAR 14 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L14000038874  
FILED 8:00 AM  
March 07, 2014  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:

LIV SIMPLE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2441 8TH ST UNIT 37  
SARASOTA, FL. 34237

The mailing address of the Limited Liability Company is:

PO BOX 782  
SARASOTA, FL. 34230

**Article III**

The name and Florida street address of the registered agent is:

GWENDOLYN ANGLIN  
2441 8TH ST UNIT 37  
SARASOTA, FL. 34237

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: GWENDOLYN ANGLIN

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
GWENDOLYN ANGLIN  
2441 8TH ST UNIT 37  
SARASOTA, FL. 34237

L14000038874  
FILED 8:00 AM  
March 07, 2014  
Sec. Of State  
dbruce

#### **Article V**

The effective date for this Limited Liability Company shall be:

03/07/2014

Signature of member or an authorized representative

Electronic Signature: GWENDOLYN ANGLIN

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.