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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worley and Son 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:

David L. Singleton
Name of Person

Worley and Son LLC.
Firm/Company

5912 Hwy 85 N
Address

Crestview FL 32536
City/State and Zip Code

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

For further information concerning this matter, please call:

David Singleton at (850) 461-7186
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: Worley and Son LLC.

SECOND: The Florida Document number of the limited liability company is: L140000466661

THIRD: Document to be corrected is:
Florida Limited Liability Company Articles of Organization

(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:

Name and Address of Person(s) Authorized to Manage LLC
was left blank. Should have

Title: MGR Name: Worley, Lyndle D.

Street Address: 180 Rio Ranchero Rd.

City State: Mossy Head, FL 32433

OR Zip code & Country: 32433 USA

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.

Daniel S. [Signature]
Signature of Authorized Representative

4/16/14
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 21 AM 9:49

FILED

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