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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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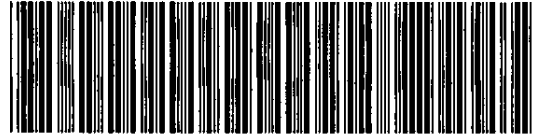
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Practices Security 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:

Maria I. Phifer

Name of Person

Best Practices Security, LLC

Firm/Company

10420 Greenhedges Drive

Address

Tampa, FL 33626

City/State and Zip Code

iphifer@verizon.net

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

For further information concerning this matter, please call:

Maria I. Phifer

Name of Person

at (813) 810-3524

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: _____

Best Practices Security, LLC

SECOND: The Florida Document number of the limited liability company is: L14000110234

THIRD: Document to be corrected is:

Articles of Organization for Florida Limited Liability Company.

(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:

Registered Agent should be: Robert J. Phifer 10420 Greenhedges Drive
Tampa, FL 33626

Person Authorized to Manage LLC should be:

Maria I. Phifer 10420 Greenhedges Drive
10420 Greenhedges Drive Tampa, FL 33626

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.

Robert J. Phifer
Signature of Authorized Representative / and Registered Agent Acceptance

7/18/14
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 23 AM 10:35

FILED

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