## L14000 120109

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE LADON GROUP, L	<u>C</u>
Name of Limited Liat	ility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	
GEORGE KOCHER	_
THE LARON GROUP, LLC.	<b></b>
3440 lundet fo, Apt. 10	-
LAKE WORTH, FL 33461 City/State and Zip Code	-
E-mail address: (to be used for future angular report notification)	L
For further information concerning this matter, please call:  SPORSE VOCHER  at (201	697-8348
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 \$\text{Certificate of Status}\$ \$\sigma\$ \$55 Filing Fee & \text{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: THE LADON  GROUP, LLC.	
SECOND	The Florida Document number of the limited liability company is: <u>L1400</u>	0120109
THIRD:	Document to be corrected is:  ARTICLE. V	_
	ntains an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:  SECRET KOCHER of 3440 RUCUPH ROAD, LAKE OFTH, FL 33461, is to be Jesignated as the MG MADOR of THE LADIN GROUPLL, and Ms. Jeaveling Harmonic to be switcher as an Authorized Member ( Lemoved as a manager.  The manner in which the document was defectively signed and rection are as follows:	R) E AMBR). An
		- 14 920 Films
_ 	e electronic transmission of the record was defective.  8/25/14	<u>-</u>
Signat	ure of Authorized Representative Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)