

L14 000126585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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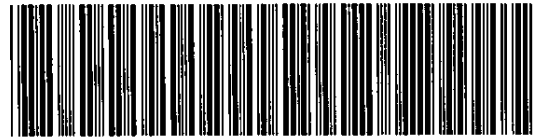
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholesale Drug Testing Com
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi V. Eaton
Name of Person

Wholesale Drug Testing Com
Firm/Company

1479 N. Killian Dr.
Address

Lake Park, FL 33403
City/State and Zip Code

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

For further information concerning this matter, please call:

Jodi V. Eaton at (561) 379-7609
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

☐ \$55 Filing Fee & 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: Wholesale Drug Testing.com

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

THIRD: Document to be corrected is:

(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 managing member Alex Athineos
name is spelled incorrectly. The
name is spelled Alex ATHINEOS

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.

Jode V. Eaton
Signature of Authorized Representative

7/31/2014
Date

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