

L14 0001 20976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LG AFFORDABLE MOTORS 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:

GERALDY LIMAGE

Name of Person

LG AFFORDABLE MOTORS LLC

Firm/Company

4701 SW 45 STREET BLDG 9 BAY 15

Address

DAVIE, FL 33314

City/State and Zip Code

LIMAGE3@GMAIL.COM

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

For further information concerning this matter, please call:

GERALDY LIMAGE

954

8228490

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

CR26062 (2/14)

**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: LG AFFORDABLE MOTORS LLC

SECOND: The Florida Document number of the limited liability company is: L14000120976

THIRD: Document to be corrected is:
GERALDY LIMAGE WILL BE THE MANAGER AND GUERLINE PETION I

(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:

GERALDY LIMAGE IS THE OWNER OF THE COMPANY. GUERLINE PETION

WILL BE THE REGISTERD AGENT. PLEASE CHANGE GERALDY LIMAGE FRD M

AGENT TO MANAGER AND GUERLINE TO REGISTERED AGENT. ALSO

THE COMPANY ADRESS IS : 4701 SW 45 ST BLDG 9 BAY 15. DAVIE, FL 33314

N:B HALLING ADRESS Stay The Same.

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

08/15/2014

Date

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