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SEP 04 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucksn Lucce, 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:

Luckson Lucce

Name of Person

Luckson Lucce, LLC

Firm/Company

6102 Channel Dr.

Address

Greenacres, FL 33463

City/State and Zip Code

dlucks52@hotmail.com

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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Luckson Lucce

561

762-1747

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 &

**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: Lucksn Luce, LLC

SECOND: The Florida Document number of the limited liability company is: L14000126694

THIRD: Document to be corrected is:
Luckson Luce, LLC

(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 name was typed incorrectly into the online application

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.

Luckson Luce
Signature of Authorized Representative

8/26/14
Date

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TALLAHASSEE FLORIDA