# L14000136596

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SEP 3 0 2014

# T. HAMPTON

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT: <u>LIFESTYLE JNDUSTRY TECHNOLOGIES</u> <u>LLC</u> 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:

KEUIN MATHERSON

Firm/Company

3213 W. BAY VICLA AVE

TAMPA, FL 33611

PARTMERS BMS DIS, COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>813</u>) <u>376-515</u> Area Code Daytime Telephone Number EUIN MATHERSON Name of Person

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, Florida 32314

**Registration Section** 

P.O. Box 6327

**STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

### Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)



September 17, 2014

KEVIN MATHERSON 3213 W BAY VILLA AVE TAMPA, FL 33611

SUBJECT: LIFESTYLE INDUSTRY TECHNOLOGIES LLC Ref. Number: L14000136596

We have received your document for LIFESTYLE INDUSTRY TECHNOLOGIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 714A00019959

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### 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.

<u>FIRS</u>	<u>[</u> :	The name of the limited liability company is:					
		<u>LIFESTYLE INDISTRY TECHNOLOGIES</u> <u>LC</u> The Florida Document number of the limited liability company is: <u>L14000136596</u>					
<u>SECO</u>	<u>ND:</u>	The Florida Document number of the limited liability company is: $L14000136596$					
<u>THIR</u>	<u>D</u> :	Document to be corrected is:					
		ARTICLES OF INCORPORATION OF Yan: Zation					
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT							
d.		ntains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the rected statement are as follows:					
	W	ICLIAM CHAVIS IS TO BE REMOVED AS THE REGISTERED					
	AGE	INT AND MGR AND WILL BE REPLACED BY					
	KE	LCY CHAVIS AT THE SAME ADDRESS OF					
	6	CCY CHAVIS AT THE SAME ADDRESS OF 805 BLOOMFIELD HAVEN PL SEFFNER, FL 33584					

<u>OR</u>

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.   KEUN MATHERION   Signature of Authorized Representative	9/8/14 Pate	TAULAHASSEE. FLORIDA	P 29 AH II	
Signature of Authorized Representative	Date			

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

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Signature of New Registered Agent

TIL ED