

L14000137781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LYNBROOKE CONSULTING, 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:

SUZANNE B. ETEDALI

Name of Person

OWNER/LYNBROOKE CONSULTING, LLC

Firm/Company

13406 IOLA DRIVE

Address

TAMPA, FL 33625

City/State and Zip Code

ETEDALIS@GMAIL.COM

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

For further information concerning this matter, please call:

SUZANNE B. ETEDALI

Name of Person

301

Area Code

789-5372

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

CR2E062 (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: LYNBROOKE CONSULTING, LLC

SECOND: The Florida Document number of the limited liability company is: L14000137781

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION

(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:

OWNER AND BUSINESS RELOCATED TO A NEW LOCATION

PLEASE CORRECT THE ARTICLES OF ORGANIZATION TO REFLECT:

13406 IOLA DRIVE, TAMPA, FL 33626

A FORM 8822-B HAS BEEN FILED W/ THE IRS.

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

Date

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

FILED
14 OCT 14 PM 2:25
TALLAHASSEE, FLORIDA
STATE