

L14000170382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

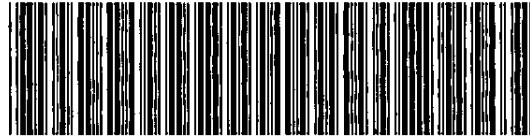
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 03 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

DAVID OCON
100 LINCOLN ROAD, STE 1526
MIAMI BEACH, FL 33139

SUBJECT: OCON GROUP, LLC
Ref. Number: L14000170382

RECEIVED
15 NOV -2 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OCON GROUP, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A00022460

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you, it has been signed and corrected
on the next page
Best Regards,
David Ocon
David Ocon

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocon Group, 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:

David Ocon
Name of Person

Ocon Group, LLC
Firm/Company

100 Lincoln Road Ste 1526
Address

Miami Beach, FL 33139
City/State and Zip Code

davocon99@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Ocon at (305) 972-2358
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

CR2E062 (9/15)

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 2015 NOV -2 P 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**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: Ocon Group, LLC

SECOND: The Florida Document number of the limited liability company is: L14000170382

THIRD: Document to be corrected is: Title of Authorized Persons(s) Detail

(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:

I, David Ocon, incorrectly entered my title as P, D when submitting the filing. The correct title to be used is MGRM. It should be corrected reflected as MGRM as the position and not P.D.:

MGRM

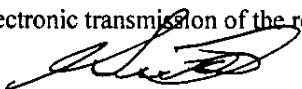
Ocon, David

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.

 10/28/2015
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Registered Agent's Signature
David Ocon

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