

L14000170382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

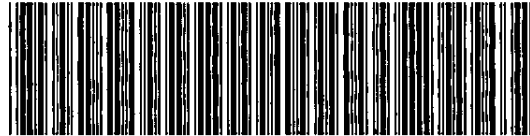
(Business Entity Name)

(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: 015A00022-60

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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

Name of Person

305

Area Code

972-2358

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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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

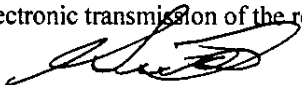
OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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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.


David Ocon Registered Agent's Signature

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