L15666641731

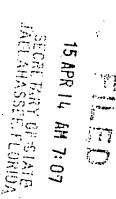
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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& DIPASQUALE, P.L.

P: 941.243.3959 | F: 800.856.5332 | www.tpdlegal.com

April 9, 2015 (Via U.S. Mail)

Registration Section
Division of Corporations
Clifton Building
2661 W Executive Center Circle
Tallahassee, FL 32301-5020

Re: Statement of Correction for Laughspan, LLC – Document No. L15000048338

To Whom It May Concern:

Enclosed please find a Statement of Correction for Laughspan, LLC, and Check No. 1337 in the amount of \$25.00 for the filing fee.

Please let us know if you have any questions or concerns. We can be reached at (941) 243-3959, facsimile (800) 856-5332 or michael@tpdlegal.com.

Best Regards,

Michael Prohidney

Enclosures

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. The name of the limited liability company is:_ FIRST: The Florida Document number of the limited liability company is: L15000048338 **SECOND:** Document to be corrected is: THIRD: 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: John Costilla is incorrectly listed as a Managing Member. John Costilla is a Manager (MGR). <u>OR</u> \Box Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 4/8/2015 Signature of Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

COVER LETTER

TO: Registration Division of	n Section Corporations			
LAUG	GHSPAN, LLC			
30 Da Le 1.		Name of Limited Liab	bility Company	_
Dear Sir or Madam:				
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	g.	
Please return all corr	respondence concerning this	s matter to the followin	g:	
Michael Prohid	Iney			,
	Name of Person		<u></u>	
Tilden, Prohidn	ney & DiPasquale, PL			
	Firm/Company	······································	_	
431 12th Stree	t West, Suite 204			
	Address		_	
Bradenton, Flo	orida 34205			
	City/State and Zip Code		_	
Jimclor@me.co	om			~~ .
E-mail address	s: (to be used for future annu	ial report notification)	_	ASS 3
				APR I
For further informat	ion concerning this matter, p	please call:		SSS T
Michael Prohid	Iney	941 at (243-3959	
Na	ame of Person	Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee. Florida	tions ater Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	OF ARE RIOA
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	
CD012040 (0/14)				