

L15000116007

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(Address)

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JUL 17 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Armor Protection Technologies 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:

RAUL SANZ

Name of Person

ARMOR PROTECTION TECHNOLOGIES LLC

Firm/Company

2645 EXECUTIVE PARK DRIVE, STE 161

Address

WESTON, FL 33331

City/State and Zip Code

RAULSANZ@APTARMOR.COM

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

For further information concerning this matter, please call:

RAUL SANZ

954

842-6092

at ( )

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

**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: Armor Protection Technologies LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000116007

**THIRD:** Document to be corrected is:  
L15000116007 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:

UNDER AUTHORIZED PERSONS THERE IS A MGR WHICH LAST NAME

WAS NOT SPELLED CORRECTLY, PLEASE CORRECT THE NAME TO

RAUL J SANZ MALSKIS (The name it appears now is Raul J Sans Malskis)

**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]  
Signature of Authorized Representative

07/15/2015  
Date

FILED  
15 JUL 16 PM 5:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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