

L160000 92154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

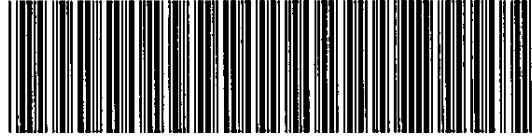
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 05 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2016

KEVIN LEE
KEVIN F. LEE CPA, LLC
2829 BLACKWATER CREEK DR
LAKELAND, FL 33810

SUBJECT: KEVIN F LEE CPA, LLC
Ref. Number: L16000092154

We have received your document for KEVIN F LEE CPA, LLC and your checks totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days of 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: 016A00013365

*Please see purpose statement added to the
attached statement of correction.*

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Kevin F Lee CPA, 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:

Kevin Lee

Name of Person

Kevin F Lee CPA, LLC

Firm/Company

2829 Blackwater Creek Dr

Address

Lakeland, FL 33810

City/State and Zip Code

Kevin@control-logics.com

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

For further information concerning this matter, please call:

Kevin Lee

Name of Person

at **863** **397-3777**

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Kevin F Lee CPA, LLC

SECOND: The Florida Document number of the limited liability company is: L16000092154

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:

The limited liability company name was incorrectly listed as Kevin F Lee CPA, LLC.

The correct name of the limited liability company should be Kevin F Lee CPA, PLLC.

Purpose: Accounting and Assurance Services

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

6/29/2016

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

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

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TALLAHASSEE, FLORIDA