

7/28/2010

Sep. 6. 2016 4:44PM

WS Business Center Corp.  
Division of Corporations

No. 3005 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000182001 3)))



H160001820013ABCT

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WS BUSINESS CENTER CORP.  
Account Number : I19980000052  
Phone : (305)267-2767  
Fax Number : (305)267-2775

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
R&K MOBILE TECHNOLOGY LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2016 SEP -6 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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K. SALLY  
EXAMINER

SEP -7



September 6, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

R&K MOBILE TECHNOLOGY LLC  
1200 NW 78TH AVE  
214  
MIAMI, FL 33126

SUBJECT: R&K MOBILE TECHNOLOGY LLC  
REF: L16000132626

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Submitted wrong form, please submit statement of correction form.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H16000182001  
Letter Number: 616A00018695

Sep. 6. 2016 4:45PM WS Business Center Corp.

H16 No. 3005 18P. 301

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R X K MOBILE TECHNOLOGY 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:

Luis E. Bulgini

Name of Person

R X K Mobile Technology LLC

Firm/Company

1200 NW 78th Ave, # 214

Address

Miami, FL 33186

City/State and Zip Code

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

For further information concerning this matter, please call:

Luis E. Bulgini

Name of Person

at ( 786 )

Area Code

338-0575

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)

H16 000 182001

416 00018 0001

**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:

R.A.K. MOBILE TECHNOLOGY LLC

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

**THIRD:** Document to be corrected is: 416 00018 0001

**(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:

DELETE: Article VI Effective date 10/09/2016

ADD: Article VI Effective date 07/14/16

**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.

Luís E. Bulgini  
Signature of Authorized Representative

9-6-2016  
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 603, 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)

416 00018 0001