

L16000168441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

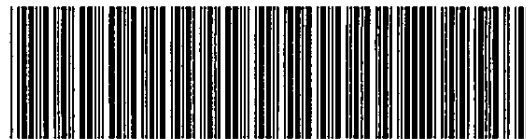
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200291077922

10/11/16--01004--004 \*\*25.00

FILED

16 OCT 11 AM 8:11

DIVISION OF CORPORATIONS

O SIMMONS  
OCT 12 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: John C. Langley, M.D., 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:

John C. Langley, M.D.

Name of Person

John C. Langley, M.D. LLC,

Firm/Company

1107 Key West \*211

Address

Key West FL 33040

City/State and Zip Code

john@lacomest.net

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

For further information concerning this matter, please call:

John C Langley at 305 360-1211  
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

PAID  
10/1/2016  
\$25  
muel kg

**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: \_\_\_\_\_

John C Langley LLC

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

216000168441

**THIRD:** Document to be corrected is: \_\_\_\_\_

Articles of Incorporation

**(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:

mis spelling of corporate name

should be

John C. Langley, M.D., LLC,


**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.


 mp  
Signature of Authorized Representative

10/1/2016  
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.*

 mp  
Registered Agent's Signature

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