

1/31/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

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

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TALLAHASSEE, FLORIDA
17 FEB - 1 AM 9:01

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PDL ENTERPRISES OF FLORIDA LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

FEB 02 2017

S. YOUNG

DOCUMENT BEING RE-SUBMITTED
FOR PROCESSING, WITH THE
REQUESTED CORRECTION.
Thanks!

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PDL ENTERPRISES OF FLORIDA 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:

LAURA KOHN

Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

Name of Person

305

Area Code

444-6226 x 233

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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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: PDL ENTERPRISES OF FLORIDA LLC

SECOND: The Florida Document number of the limited liability company is: L17000003959

THIRD: Document to be corrected is: the 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:

Due to an inadvertent error, in the Articles submitted for filing, the name of the Manager and the name of the Registered Agent for this LLC was incorrectly listed as Gladys Rosinol. This Statement of Correction is being submitted to correct the name of the Manager/Register Agent to read as follows: Gladys Mora.

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 of Authorized Representative

01/31/2017

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.

Gladys Mora

Registered Agent's Signature

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

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