

L17000054515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

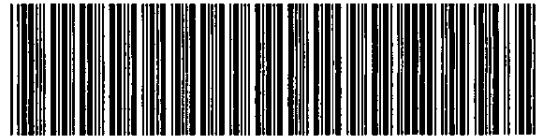
(Document Number)

Certified Copies _____ Certificates of Status _____

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Sign

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03/27/17--01044--026 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 11 PM 3:05

FILED

K. SALY
APR 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2017

FRIEND & ASSOCIATES, LLC
DONALD FRIEND II
4200 SOMERSET DR, STE. 208
PRAIRIE VILLAGE, KS 66208

SUBJECT: FINGERPRINT SOLUTIONS OF SOUTHWEST FLORIDA, LLC
Ref. Number: L17000054515

We have received your document for FINGERPRINT SOLUTIONS OF SOUTHWEST FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00005945

2017 APR 11 PM 1:01
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINGERPRINT SOLUTIONS OF SOUTHWEST 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:

Donald Friend II

Name of Person

Friend & Associates, LLC

Firm/Company

4200 Somerset Drive, Ste. 208

Address

Prairie Village, KS 66208

City/State and Zip Code

dfriend@friendandassoc.com

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

For further information concerning this matter, please call:

Matthew Peterson

Name of Person

at (**913**) **2135408**

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**

FILED
2017 APR 11 PM 3:05
STATE
OFFICE
TALLAHASSEE, FLORIDA

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: Fingerprint Solutions of Southwest Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L17000054515

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 name of the limited liability company, FINGERPRINT SOLUTIONS OF SOUTHWEST FLORIDA, LLC, is incorrect.

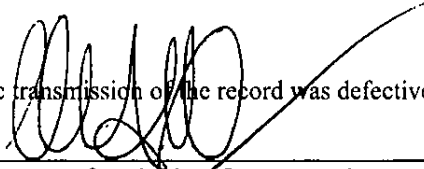
The name of the limited liability company is FINGERPRINTING SOLUTIONS OF NAPLES, LLC.

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.



Signature of Authorized Representative

4/7/2017

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.

Registered Agent's Signature

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