

L17000219619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

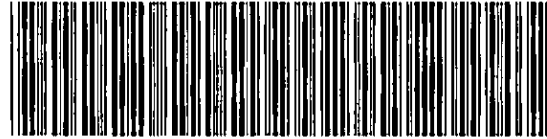
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2017

SCHIMEON FREDERICK
ONE SOUTH OCEAN BLVD
SUITE 207B
BOCA RATON, FL 33432 US

SUBJECT: TRUSTED INSURANCE GROUP, LLC
Ref. Number: L17000219619

We have received your document for TRUSTED INSURANCE GROUP, 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 the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 417A00022076

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: Trusted Insurance Group, LLC

L17000219619

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☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

there should be two (2) owners listed as "MGR".
the two "MGR" should be ① Schimeon Frederick
② Tiffany Frederick with the same address.

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

☐ The electronic transmission of the record was defective.

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)

Authorized Person(s) Detail

Title MGR

Frederick, SEhimeon
One South Ocean Blvd
Suite 207B
Boca Raton, FL 33432

Title MGR

Frederick, Tiffany
One South Ocean Blvd
Suite 207B
Boca Raton, FL 33432

Please call Aushra Leonor 954.253.7022 / 561-571-5603
for any questions.

Please also let me know how long before this
is processed.