

U17000 246 429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

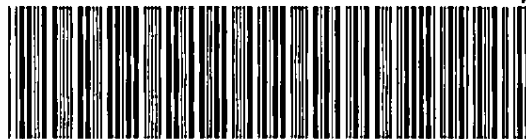
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600306393426

12/11/17--01027--019 **25.00

18 JAN 17 PM 2:43
RECEIVED
FALLS CHURCH, VA

FILED

J. LEGGETT
JAN 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

KRISTINA K THOMAS
113 COLINA PLACE
ORMOND BEACH, FL 32174 US

SUBJECT: REFRIGITEC, LLC
Ref. Number: L17000246429

We have received your document for REFRIGITEC, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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: 217A00026359

RECEIVED
JAN 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

KRISTINA K THOMAS
113 COLINA PLACE
ORMOND BEACH, FL 32174

SUBJECT: REFRIGITEC, LLC
Ref. Number: L17000246429

We have received your document for REFRIGITEC, 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 enter the type of document to be corrected in the third section of the form.

Please indicate what you are correcting.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00025187

2017 DEC 23 4:23 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Refrigitec. 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:

Kristina K Thomas
Name of Person

Firm/Company

113 Colina place
Address

Ormond Beach, FL 32174
City/State and Zip Code

Kristinathomas7@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Thomas at (386) 675-2844
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

**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: Refrigitec. LLC

SECOND: The Florida Document number of the limited liability company is: L17000246429

THIRD: Document to be corrected is: from Refrigitec. To Refrigitek. LLC

(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:

Please change name of company from
Refrigitec. LLC To new name Refrigitek. 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.

Kristine 12-19-17
Signature of Authorized Representative 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.

Kristine
Registered Agent's Signature

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