

L180000008638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

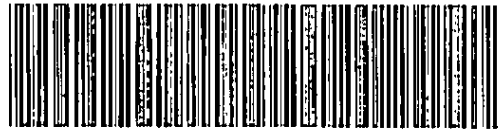
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 14 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB 14 PM 2:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2018

ALICIA GRAHAM
1716 FOWLER ST
FORT MYERS, FL 33901

SUBJECT: PRO PLAYER INSURANCE GROUP LLC
Ref. Number: L12000136333

We have received your document for PRO PLAYER INSURANCE GROUP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the limited liability company and the Florida Document number do not match. Please correct and resubmit.

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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 218A00003087

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO PLAYER POOL SERVICES, 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:

ALICIA GRAHAM

Name of Person

Firm/Company

1716 FOWLER STREET

Address

FORT MYERS, FL 33901

City State and Zip Code

ALICIA.GRAHAM@PROPLAYERIG.COM

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

For further information concerning this matter, please call:

ALICIA GRAHAM

Name of Person

239

Area Code

672-8194

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: PRO PLAYER POOL SERVICES, LLC

SECOND: The Florida Document number of the limited liability company is: L18000008638

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:

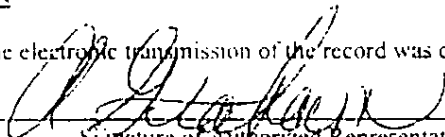
Incorrectly states the registered agent and managers. The correct statement is that
the registered agent is Alicia Graham (1716 Fowler St., Ft. Myers, FL 33901.); and
the sole managing member is Alicia Graham (1716 Fowler St., Ft. Myers, FL 33901).

OR

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

OR

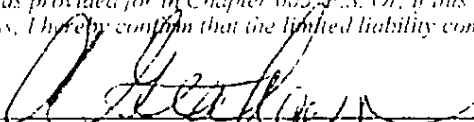
- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative 2/1/18
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)

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