

L18000055842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

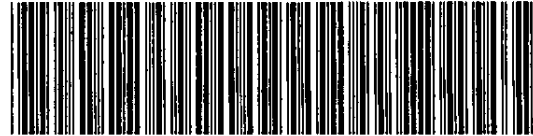
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2018 MAR 21 AM 10:14

N. CAUSSEAU
MAR 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angie M. Kincaid, 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:

Angie M. Kincaid
Name of Person

Angie M. Kincaid, LLC
Firm/Company

10964 111th Pl. N.
Address

Seminole/Largo, FL 33778
City/State and Zip Code

Angmk515@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie M. Kincaid at 904 672-5000
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: Angie M. Kincaid, LLC

SECOND: The Florida Document number of the limited liability company is: L18000055842

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:

Angie M. Kincaid should be the Member
Tammy M. Miller should be the Manager

OR

See Attached.

- ☐ 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.

Angie M. Kincaid 3/15/18
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.

Angie M. Kincaid
Registered Agent's Signature

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

Article IV

The name and address of person(s) authorized to manage LLC:

Title: ~~MGR~~
ANGIE M KINCAID
10964 111TH PLACE NORTH
LARGO, FL. 33778

Member

Title: ~~AMDR~~
TAMMY M MILLER
408 2ND STREET NORTH
INDIAN ROCKS BEACH, FL. 33785

Manager

L18000055842
FILED 8:00 AM
March 02, 2018
Sec. Of State
tmoore

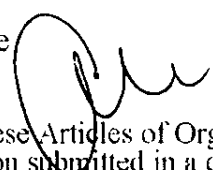
Article V

The effective date for this Limited Liability Company shall be:

02/25/2018

Signature of member or an authorized representative

Electronic Signature: ANGIE M KINCAID

 3/15/17

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.