

180000 41903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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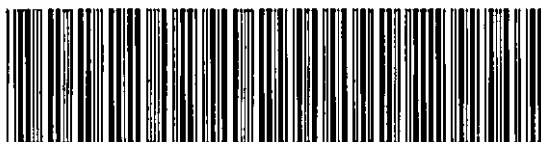
(Business Entity Name)

(Document Number)

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2018 DEC 14 A 1:12  
TALLAHASSEE, FLORIDA

12/19/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Impeccable Security Guard Association, 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:

Jean. R. Sataille

Name of Person

Impeccable Security Guard Association, LLC

Firm/Company

527 SW 3rd Ave

Address

Homestead, FL 33030

City/State and Zip Code

sataillej@yahoo.com

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

For further information concerning this matter, please call:

Jean. R. Sataille

Name of Person

at ( 305 ) 484-4950

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: Impeccable Security Guard Association

**SECOND:** The Florida Document number of the limited liability company is: L 18000091903

**THIRD:** Document to be corrected is: Article V

**(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 Manager as appear on Article V are not a part of this organization, moreover there is not manager for this association and the two persons that appear in article V are to be remove.

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]  
Signature of Authorized Representative

12/04/18  
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.

[Signature]  
Registered Agent's Signature

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