

L18000127845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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7/5/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2018

CHARITY L LANE
3225 S MACDILL AVE SUITE 12931
TAMPA, FL 33629

SUBJECT: EXCELLCIOR, LLC
Ref. Number: L18000127845

We have received your document for EXCELLCIOR, 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 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00012722

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2018 JUL -2 AM 11:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Excellcior, 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:

Charity L Lane

Name of Person

Excellcior, LLC

Firm/Company

3225 S MacDill Ave Suite 12931

Address

Tampa, FL 33629

City/State and Zip Code

charity@excellcior.com

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

For further information concerning this matter, please call:

Charity L Lane

Name of Person

813

Area Code

503-7109

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

2019 JUL - 2 A 9:08

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**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: Excellcior, LLC

SECOND: The Florida Document number of the limited liability company is: L18000127845

THIRD: Document to be corrected is: Articles of Incorporation

(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:

I - Charity L Lane President and CEO- should have been listed as
a member of Excellcior, LLC at the time of registration. This
change needs to be made. List Charity L Lane as MGRM

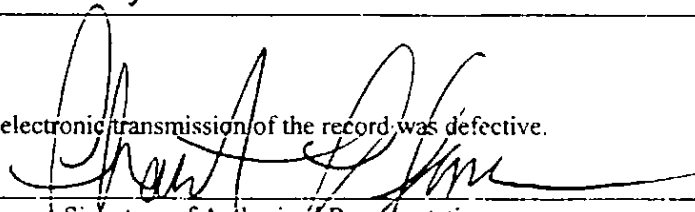
OR

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

I-Charity L Lane President and CEO of Excellcior, LLC - should
have been listed as a managing member of the LLC. Please
list Charity L Lane as MGRM.

OR

- ☐ The electronic transmission of the record was defective.

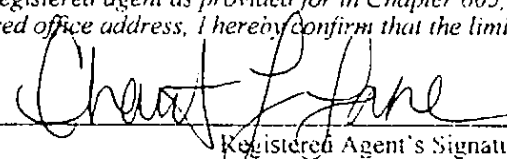

Signature of Authorized Representative

6/27/18
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

6/15/2018

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