

# L18000 208 810

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

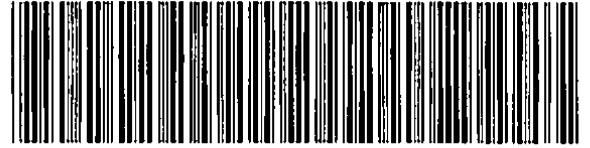
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500331913835

07/29/19--01032--019 \*\*25.00

FILED  
2019 AUG 12 PM 2:43  
RECEIVED  
2019 AUG 12 PM 2:43

Y SULKER

AUG 15 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2019

PATRIOT SOFTWARE GROUP, LLC  
7001 SW 8TH STREET  
PLANTATION, FL 33317

SUBJECT: PATRIOT SOFTWARE GROUP, LLC  
Ref. Number: L18000208810

We have received your document for PATRIOT SOFTWARE GROUP, 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):

The application we received is for RA change.

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

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00015783

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATRIOT SOFTWARE GROUP, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMELITA RESH

Name of Person

PATRIOT SOFTWARE GROUP, LLC

Firm/Company

7001 SW 8th St.

Address

PLANTATION, FL 33317

City/State and Zip Code

CARMELITA@PATRIOTSOFTWAREGROUP.COM

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

For further information concerning this matter, please call:

CARMELITA RESH

Name of Person

at 954, 205 0054

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: PATRIOT SOFTWARE GROUP, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000208810

**THIRD:** Document to be corrected is: AUTHORIZED PERSON DETAIL NAME SPELLING

**(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 THE SPELLING OF:

RESH, STEVEN B.

TO RESH, STEPHEN B.

**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.

Ca

Signature of Authorized Representative

8/12/19

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)