

L20 0000 11089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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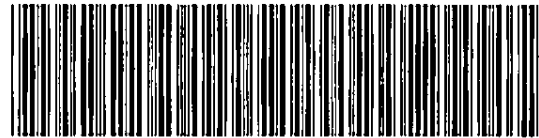
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 2 8 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRAY SERVICE L.L.C.

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:

ROBERT MCFADDEN

Name of Person

SUNRAY SERVICE L.L.C.

Firm/Company

1648 TAYLOR RD SUITE 126

Address

PORT ORANGE, FL 32128

City/State and Zip Code

RMCFADDEN22@VERIZON.NET

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

For further information concerning this matter, please call:

LYNN MCFADDEN

561

922-6988

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SUNRAY SERVICE L.L.C.

SECOND: The Florida Document number of the limited liability company is: 1.20000011089

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:

ARTICLE IV - NAME AND ADDRESS OF AUTHORIZED PERSON.

NAME AND ADDRESS OF THE MEMBER WAS OMITTED FROM THE ARTICLES OF ORGANIZATION.

CORRECTED AUTHORIZED MEMBER - ROBERT MCFADDEN, 1648 TAYLOR RD SUITE 126, PORT ORA

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.

Robert K McFadden 1/28/2020
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.

Robert K McFadden
Registered Agent's Signature

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