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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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MAR 07 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2017

BARBARA HARROD  
360 CENTRAL AVE, STE 852  
ST. PETERSBURG, FL 33701

SUBJECT: LEAK ELIMINATORS, LLC  
Ref. Number: W17000015350

*Corrected*

We have received your document for LEAK ELIMINATORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 117A00003407

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TALLAHASSEE  
FLORIDA

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2017 MAR -7 AM 10:55  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEAK ELIMINATORS LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

BARBARA HARROD  
Name of Person

LEAK ELIMINATORS, LLC  
Firm/Company

360 CENTRAL AVE. Suite 852  
Address

St. Petersburg, FL 33701  
City/State and Zip Code

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

For further information concerning this matter, please call:

BARBARA HARROD at ( 502 ) 803-7845  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

2017 MAR - 6 P 1:42  
TALLAHASSEE, FL 32301

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LEAK ELIMINATORS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kentucky 3. 61-1338900  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 330 Lisle Industrial Ave. Lexington, Ky 40511  
(Street Address of Principal Office)

6. 360 Central Ave. Ste 852, St. Petersburg, FL 33701  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BARBARA HARRON  
Office Address: 360 CENTRAL AVE. STE 852  
St. Petersburg, Florida 33701  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Barbara Harron  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

RICHARD LAWRENCE 1630 LEIGUE DR. CLEARWATER, FL 33756 - PRESIDENT  
BARBARA HARRON 3049 CLINTON ST. GULFPORT, FL 33707 - CONTROLLER  
CHARLES HARRON 3049 CLINTON ST. GULFPORT, FL 33707 - SALESMAN

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Barbara G. Harron  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

BARBARA G. HARRON  
Typed or printed name of signee

2/13/2017

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Division of Corporations  
Business Filings  
P. O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication Number: 186023

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**LEAK ELIMINATORS, LLC**

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is January 12, 1999.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of February, 2017.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
186023/0467581