

M20000005436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

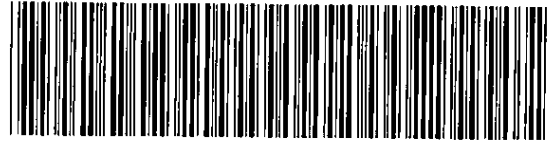
(Business Entity Name)

(Document Number)

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LLC statement of
Correction N/C

09/19/23--01022--013 **30.00

W23-141667

FILED
2023 OCT 21 PM 1:20
CLERK OF COURT

A. RAMSEY

Nov. 6 2023

*00789,00524,00623,00671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primus Sterilizer, 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:

Charles H. Clark

Name of Person

Primus Sterilizer Company, LLC

Firm/Company

7936 Forest City Road, Suite 100

Address

Orlando, FL 32810

City/State and Zip Code

cclark@spire-is.com

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

For further information concerning this matter, please call:

Lisa M. Fida

402

344-4200

at (_____) _____

Name of Person

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

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2023

CHARLES H. CLARK
PRIMUS STERILIZER COMPANY LLC
7936 FOREST CITY ROAD, SUITE 100
ORLANDO, FL 32810

SUBJECT: PRIMUS STERILIZER, LLC
Ref. Number: M20000005436

We have received your document for PRIMUS STERILIZER, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A statement of correct can not be used to correct an annual report. You can correct your original articles of organization. Please remove the check marks from the 2nd and 3rd boxes in paragraph 3.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 623A00023961

Please correct your online PDF form. when any box is checked, they all are checked. There is no way to just check one.

Thank you.

Oct 21 2023

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2023 OCT 27 PM 1:20

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: Primus Sterilizer, LLC

SECOND: The Florida Document number of the limited liability company is: M20000005436

THIRD: Document to be corrected is: ~~Annual Filing~~ Initial Registration

(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 name of the company is stated as "Primus Sterilizer, LLC". The correct legal name of the company is

"Primus Sterilizer Company, LLC".

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.

Kim M. Jida, Controller
Signature of Authorized Representative

10/20/2023
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)