

P09000009644

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correction w/NC

TB 2-25-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAMANNE RESTAURANT, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P0900009644

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOAH MOMPOINT

(Name of Contact Person)

TAX RESOURCE CENTER OF FLORIDA, INC

(Firm/Company)

20401 NW 2 AVENUE, SUITE 103

(Address)

MIAMI, FLORIDA 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

NOAH MOMPOINT

(Name of Contact Person)

at ( 305 ) 652-4300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

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

ARTICLES OF CORRECTION

for

LAMANNE RESTAURANT INC

Name of Corporation as currently filed with the Florida Dept. of State

P09000009644

Document Number (if known)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPORATION  
(Document Type Being Corrected)

filed with the Department of State on JANUARY 30, 2009  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- A. CORPORATION NAME
  - B. NAME AND ADDRESS OF VICE-PRESIDENT
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Correct the inaccuracy, incorrect statement, or defect:

- A. LA MANNE RESTAURANT, INC
  - B. FRANCHETTE PELERIN  
7015 SW 16 COURT  
PEMBROKE PINES, FL 33023-2033
- 
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Miquette Sajous  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator or in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MIQUETTE SAJOUS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35.00