

L14000050248

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(Document Number)

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TALLAHASSEE, FLORIDA

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APR -7 2014  
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L14-50248

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cornerstone Restoration Services 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:

Daniel Brooks

Name of Person

Firm/Company

2320 N. East Ave

Address

Panama City, FL 32405

City/State and Zip Code

danielbrooks2005@comcast.net

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

For further information concerning this matter, please call:

Daniel Brooks

Name of Person

at ( 850 ) 258-0936

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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: Cornerstone  
Restoration Services

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

**THIRD:** Document to be corrected is:  
Cornerstone Restoration Services

**(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:

Mis-spelled the word Services.

**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.

Daniel Brooks. 3/31/14  
Signature of Authorized Representative Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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