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Barras Park

S. HAWKES

NOV - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Midwest Electric Estimating Service LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Wermers Kirchen Name of Person
Midwest Electric Estimating Service LLC. Firm/Company
5324 SW 1046 Ave. Address
Cape Coral FL. 339/4 City/State and Zip Code
Dave Werm & O-OL - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Wermerskirchen at (239) 938-4111 Name of Person Area Code & Daytime Telephone Number
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 & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: Midwlest Flectric Estimating Services L&& 3
SECO:	Can Q
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The name." Midwest Electric Estimating Service LLC Should be " Midwest Electric Consulting Service LLC
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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