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`- (Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name).	
(Document Number)	
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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: CCAG CONSTRUCTION	AND DESIGN LLC								
Name of Limited Liability Company									
Dan 6's as Madaus									
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:									
CARLOS EDUARDO ALVAREZ Name of Person	_								
CCAG CONSTRUCTION / DESIGN L	LC								
2710 DEL PRADO BLUD SOUTH	± 2-176								
CAPE COLAL FL. 33904 City/State and Zip Code	<u></u>								
CARLOS 67 GEO @ COMCAST. E-mail address: (to be used for future annual report notification)	NET								
For further information concerning this matter, please call:									
	bde & Daytime Telephone Number								
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section								
Clifton Building	Division of Corporations P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314								
Enclosed is a check for the following amount:									
/	\$60 Filing Fee,								
\$25 Filing Fee \$\frac{7}{2}\$30 Filing Fee \$\frac{8}{2}\$ Certificate of Status \$55 Filing Fee \$\frac{8}{2}\$ 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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>:</u>	The name of the	limited liability com	pany is:	Esign	LLC		
<u>SECO</u>	ND:	The articles of o	rganization or the app	olication to transa	act business			
<u>(C</u> H	IECK T	<u>HE APPROPRIA</u>	TE BOX AND COM	PLETE THE API	PLICABLE S'	<u>TATEMEN</u>	<u> </u>	
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	PL	EASE A	DD CAR	DS EDUA	200 ALI	JAQE2	ALSC	
	AS	MGR-	CARLOS EDU	ARDO ALV	AREZ -	>		
	2710	DELPRAD	DEND SOUTH	4 #2-176	CAPECON	2AL/FL 33	<u>39</u> 04	
	<u>OR</u>							
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:							
Dated:	Nou	IEMBER	Wash	<u> 2009 </u>		7 o		
		Signature of a	member or authorized	representative of	of a member	9 NOV		
		CARLOS	EDUARDO	ALVARE		W 23		
			Typed or printed na	me of signee		SEE F		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optio	onal)	4.8:50 FLORIC FLORIC	O	