

LIUUUUUO58287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

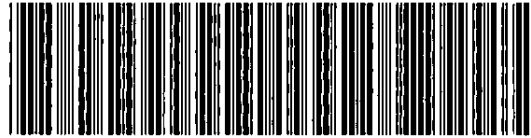
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 NOV 15 PM 4:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
NOV 16 2010
EXAMINER

FILED
10 NOV 15 AM 8:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ PROFESSIONAL PLUMBING, LLC

Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 NOV 15 AM 8:29

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:

GREG COLLINS

Name of Person

EASY LICENSE, LLC

Firm/Company

PO BOX 180005

Address

TALLAHASSEE, FL 32318

City/State and Zip Code

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

For further information concerning this matter, please call:

GREG COLLINS

Name of Person

at (850)

745-0391

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 &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 15 AM 8:29

FIRST: The name of the limited liability company is:
A+ PROFESSIONAL PLUMBING, LLC

SECOND: The articles of organization or the application to transact business

(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:

Registered Agent Name is Misspelled

Should Be MOMPLAISIR, WILFRID - TYPO

Manager/Member Detail Missing Zip Code

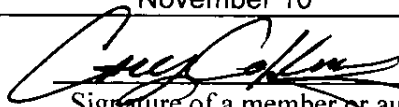
Should Be 33313

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 10, 2010



Signature of a member or authorized representative of a member

Greg Collins

Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000058287
FILED 8:00 AM
June 01, 2010
Sec. Of State
tcline

Article I

The name of the Limited Liability Company is:

A+ PROFESSIONAL PLUMBING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

7500 NW 17TH STEET
#203
PLANTATION, FL. 33317

The mailing address of the Limited Liability Company is:

7500 NW 17TH STEET
#203
PLANTATION, FL. 33317

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

WILFRED MOMPLAISIR
7500 NW 17TH STREET
#203
PLANTATION, FL. 33313

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: WILFRED MOMPLAISIR

Article V

The name and address of managing members/managers are:

Title: MGRM
WILFRID MOMPLAISER
7500 NW 17TH STREET #203
PLANTATION, FL. 33313

Title: MGRM
ELAINE H MOMPLAISER
7500 NW 17TH STREET #203
PLANTATION, FL. 33313

Title: MGRM
MAFER MILHOMME
715 NW 48TH AVE
PLANTATION, FL. 33317

Article VI

The effective date for this Limited Liability Company shall be:

06/01/2010

Signature of member or an authorized representative of a member

Signature: WILFRED MOMPLAISIR

L10000058287
FILED 8:00 AM
June 01, 2010
Sec. Of State
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