

L10000122681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

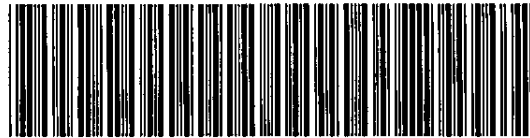
(Business Entity Name)

(Document Number)

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2014 OCT 20 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan OCT-21 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOE CONSTRUCTION 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:

Ivan Colon

Name of Person

GOE CONSTRUCTION SERVICES LLC

Firm/Company

3283 S John Young Pkwy Suite M

Address

Kissimmee, Florida 34746

City/State and Zip Code

icolon@mygoe.co

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

For further information concerning this matter, please call:

IVAN COLON

Name of Person

407

Area Code

6831014

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 (2/14)

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

2014 OCT 20 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: GOE CONSTRUCTION SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L10000122681

THIRD : Document to be corrected is:  
New Address

(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:

The New Address is: 14441 Mandolin Drive, Orlando FL 32837

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.

Signature of Authorized Representative

Oct - 16, 2014

Date

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