

L120000012839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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B. BOSTICK

FEB - 2 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAR CONCRETE SERVICES

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:

JUAN P. ESTRADA

Name of Person

STAR CONCRETE SERVICES LLC

Firm/Company

1392 EDGEHILL RD.

Address

WEST PALM BEACH FL 33417

City/State and Zip Code

JULFRANCO@YAHOO.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JULES FRANCO at (561) 312-3101

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 & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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:

STAR CONCRETE SERVICES, LLC

L12000012539

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:

THE LAST NAME OF THE
MANAGER / MANAGING MEMBER IS NOT
CORRECT. IT SHOULD BE: ESTRADA

OR



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

Dated: 1-30-2012

Juan P. Estrada
Signature of a member or authorized representative of a member

JUAN P. ESTRADA
Typed or printed name of signee

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