

L 13000100944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 JUL 25 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAC DRYWALL 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:

CLAUDIA RUBI

Name of Person

AAC DRYWALL LLC

Firm/Company

10609 N ANNETTE AVE

Address

TAMPA FL 33612

City/State and Zip Code

aacdrywall@gmail.com

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

For further information concerning this matter, please call:

claudia rubi

Name of Person

at (813)

900-5071

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 60
business days to correct the attached articles of organization or application to transact business
in Florida.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
AAC DRYWALL 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:

STATES THAT JOSE W LARA IS MANAGER AND SHOULD BE MGRM

SAME NAME SAME ADDRESS

OR



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

Dated: JULY 18, 2013

Claudia Rubi

Signature of a member or authorized representative of a member

CLAUDIA RUBI

Typed or printed name of signee

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