

L13000 177515

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 MAR 13 PM 4:41

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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Restorations, 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:

Michael R. Yokan

Name of Person

Law Office of Michael R. Yokan

Firm/Company

2720 Park St., Suite 213

Address

Jacksonville, FL 32205

City/State and Zip Code

mike.yokan@gmail.com

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

For further information concerning this matter, please call:

Michael Yokan

904

854-8011

Name of Person

at ()

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 (2/14)

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2014 MAR 13 PM 4:41
TALLAHASSEE FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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: Prime Restorations, LLC

SECOND: The Florida Document number of the limited liability company is: L130000177515

THIRD: Document to be corrected is:
Articles of Incorporation

(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:

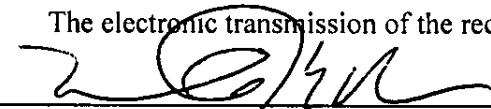
Name of entity was incorrectly spelled. Correct name is "Prime Restoration, LLC"

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

3/12/14
Date

FILED
2014 MAR 13 PM 4:41
CLERK OF STATE
TALLAHASSEE FLORIDA

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