L14000025078

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TALLAHASSEE, FLORID

T. RUPA FEBRO 2014



COVER LETTER

TO:

Registration Section
Division of Corporations

URIFOT. All-Phase Lighting & Electrical 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:

Heath Ruch

Name of Person

All-Phase Lighting & Electrical LLC

Firm/Company

11414 Callaway Pond Dr

Address

Riverview FL 33579

City/State and Zip Code

heathruch@gmail.com

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

For further information concerning this matter, please call:

Heath Ruch

.,937

414-0402

Name of Person

Area Code

Daytime Telephone Number

Section 1

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 (12/13)

STATMENT 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.

<u>FIRS</u>	<u>T</u> :	The name of the limited liability company is: All-Phase Lighting & Electrical LLC	
SEC(<u>OND</u> :	Document to be corrected is: Registration Document# L14000025078	
ď		CCK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	
A		ains an incorrect statement. The incorrect statement, the reason the statement is incor he corrected statement are as follows:	reci,
	The	e incorrect statement is that "Gene Ruch" is listed as "AMBR".	
	The	e correct person to be named as AMBR is Heath Rich	↑ ===
	Ple	ease make this correction.	ט ט
		יייי די	ä
	<u>OR</u>	STATE FLORIDA	_
		defectively signed. The manner in which the document was defectively signed and the opriate correction are as follows:	ıe
			
	<u>or</u>		
	The el	electronic transmission of the record was defective.	
	Au	eal & (Rec) 2-15-14	
Si	gnature	e of Authorized Representative Date	

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)