

L14000027244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

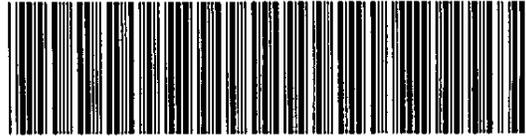
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500278949845

11/12/15--01012--011 **25.00

2015 NOV 12 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Re. Culligan NOV 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drain Medics Plumbing, 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:

Daniel J Ayers

Name of Person

Drain Medics Plumbing, LLC

Firm/Company

11161 E SR 70 suite 110

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

dan@drainmedicsfl.com

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

For further information concerning this matter, please call:

Daniel Ayers at 941 223-9937
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

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

FILED
2015 NOV 12 PM 12: 55
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: Drain Medics Plumbing, LLC

SECOND: The Florida Document number of the limited liability company is: L14000027244

THIRD: Document to be corrected is:
2015 Annual Report

(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 EIN # as 01-0965642

Incorrect entry of ein number

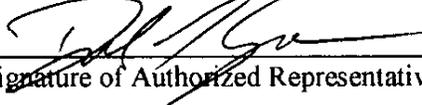
Correct EIN # 47-3957829

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.

 11/2015
Signature of Authorized Representative Date

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