

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

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

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

941

223-9937

at ()

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

CR2E062 (2/14)

**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.


Signature of Authorized Representative

11/11/2015

Date

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