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MAR 24 2014

COVER LETTER

TO:

Registration Section Division of Corporations

_{subject:} Taylor's Coatings 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:

Gregory J Taylor

Name of Person

Taylor Coatings LLC

Firm/Company

108 Dr J A Wilshire Ave E

Address

Lake Wales FL 33853

City/State and Zip Code

gtaylor@tic-coatings.com

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

For further information concerning this matter, please call:

Gregory J Taylor

.,863

676-5093

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

S55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (12/13)

2014 MBR 21 PH 12: 40

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.

FIR!	<u>ST</u> :	The name of the limited liability company is: Taylor Coatings LLC	
<u>SEC</u>	<u>OND</u> :	Document to be corrected is: Articles of Organization	
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLI	CABLE STATEMENT
X		ins an incorrect statement. The incorrect statement, the reason to corrected statement are as follows:	the statement is incorrect,
	Na	me of LLC was submitted incorrectly. F	Please
	upo	late to: Taylor Coatings LLC	2014 MAR SECRETA
			新克克·
	<u>OR</u>		DE SALE LO
		lefectively signed. The manner in which the document was defer priate correction are as follows:	1.7
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	The el	ectronic transmission of the record was defective.	2-151
Si	gnature	of Authorized Representative Da	/// /

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)