

L14000060056

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B&B HOME IMPROVEMENT SERVICE 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:

IVICA LUCIC

Name of Person

B&B HOME IMPROVEMENT SERVICE LLC

Firm/Company

11291 PAPYRUS LN

Address

ORLANDO FLORIDA 32821

City/State and Zip Code

bbservices98@gmail.com

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

For further information concerning this matter, please call:

IVICA LUCIC at (407) 744-8245
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**

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: B&B HOME IMPROVEMENT SERVICE
B&B HOME IMPROVEMENT SERVICE LLC

SECOND: The Florida Document number of the limited liability company is: L14000060056

THIRD: Document to be corrected is:
ALL DOCUMENTS

(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:

WRONG SPELLING IN THE NAME OF THE BUSINESS

INCORRECT IS ... IMPRUMENT...

CORRECTED IS ...IMPROVEMENT...

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

04/29/2014

Date

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