L140000 60056

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(Business Entity Name)				
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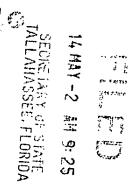
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J. Stituers MAY 0 7 2014

COVER LETTER

		stration sion of (Section Corporations			
SUBJEC		B&B H	HOME IMPROVEME	NT SERVICE LL	С	
	Name of Limited Liability Company					
Dear Sir	or M	adam:				
The enclo	osed	Stateme	nt of Correction and fee(s)	are submitted for filing	3.	
Please re	turn :	all corre	spondence concerning this	matter to the following	;	
IVICA	LUC	CIC				
			Name of Person		_	
B&B H	OM	IE IMP	PROVEMENT SERV	ICE LLC		
			Firm/Company		-	
11291	PA	PYRU	SLN			
			Address		-	
ORLA	ND	O FLC	RIDA 32821			
			City/State and Zip Code		-	
bbserv	ice:	s98@	gmail.com			
E-n	nail a	ddress:	(to be used for future annu	al report notification)	-	
For furth	er int	formatio	on concerning this matter, p	lease call:		
IVICA	LUC	CIC		407	744-8245	
		Nan	ne of Person	Area Code	Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	l is a	check i	for the following amount:			
■ \$25 Fi	ling	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062	2 (2/	14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to s	ection 605.0209, F.S., this document is be	ing submitted to correct a previously filed document.				
FIRST:		The name of the limited liability compar	ny is: B&B HOME IMPROVEMENT SERVICE				
		B&B HOME IMPROVEMENT SERVICE LLC					
SECC	<u> </u>	The Florida Document number of the lin	nited liability company is: L14000060056				
ΓHIR	<u>:</u> D:	Document to be corrected is:					
		ALL DOCUMENTS					
	<u>(C1</u>	HECK THE APPROPRIATE BOX AND C	OMPLETE THE APPLICABLE STATEMENT				
9		ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the rrected statement are as follows:					
	WRO	WRONG SPELLING IN THE NAME OF THE BUSINESS					
	INCO	DRRECT IS IMPRUMENT					
	COR	RRECTED ISIMPROVEMENT					
	<u>OR</u>						
		defectively signed. The manner in which tetion are as follows:	he document was defectively signed and the appropriate				
			Dri S				
	<u>OR</u>						
	The e	lectronic transpossion of the record was d	efective.				
			04/29/2014				
Si	gnature	of Authorized Representative	Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)