

L14 000085217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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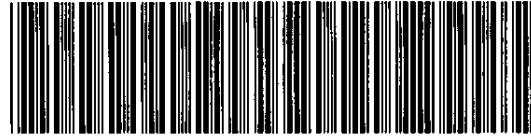
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RECEIVED
TALLAHASSEE, FLORIDA
JUN 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shane Henry's Services L.L.C.

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:

Shane Henry

Name of Person

Shane Henry's Services LLC.

Firm/Company

4231 fanny bass rd

Address

saint cloud Florida 34772

City/State and Zip Code

sbhenry07@yahoo.com

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

For further information concerning this matter, please call:

Shane Henry

407

791-8685

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

**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: Shane Henry's Services L.L.C

SECOND: The Florida Document number of the limited liability company is: L14000085213

THIRD: Document to be corrected is:
Shane M Henry as agent

(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:

Amanda L King was added as MGR, incorrectly and needs to be removed.

Shane Henry needs to be added as MGR,

~~Shane~~

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.

Shane Henry
Signature of Authorized Representative

06/10/2014
Date

FILED
JUN 17 2014
TALLAHASSEE, FLORIDA

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