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SEP, O. S. 2014 J. BRUCE

COVER LETTER

TO: Registration Division of C						
SUBJECT: <u>Pr</u>	imo Pavers c	of Florid Name of Limited Liab	oility Company			
Dear Sir or Madam:						
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	g.			
Please return all corre	espondence concerning this	matter to the followin	g:			
Richard	Shellenbargs Name of Person	er	-			
Primo Pav	ers of Flori Firm/Company	<u>dq</u>	_			
7124 Car	penters Way	<u> </u>	_			
Brooksvi	I/E FL 34 City/State and Zip Code	602	_	Allen and a second a second and	2014 AUG	
Primopas E-mail address:	Ters@ +amp (to be used for future annu	ahay, (r. Co	<u>2</u> M)	Tayers	28 PH	
For further information	on concerning this matter, p	lease call:		LORIUM LORIUM	3: 22	Samo
Richard S	hellenbarger ne of Person	at (<u>813</u> Area Code	Daytime Telephone Number			
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:					
\$2.\$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

Pursua	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed do	ocume	nt.
<u>FIRS'</u>	T :	The name of the limited liability company is: Primo Pavers of F	lor	da
<u>SECC</u>	OND:	The Florida Document number of the limited liability company is: <u>L14000100</u>	058	6
THIR	<u>RD</u> :	Document to be corrected is:		
		authorized person detail title PRES		
,	<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	<u>NT</u>	
		ains an incorrect statement. The incorrect statement, the reason the statement is incorrected statement are as follows:	ect, an	d the
		prrect: title PRES - an LLC cannot have pres acco	ued	ing
		bank		
	<u>cov</u>	crect: title manager MGR		
	<u>OR</u>			
		defectively signed. The manner in which the document was defectively signed and the ction are as follows:	appro	priate
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			328	Carama
			70	
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	<u>OR</u>		22	
	The el	lectronic transmission of the record was defective.		
Si	grature	of Authorized Representative Date		
		——————————————————————————————————————		

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)