

L14 0000105263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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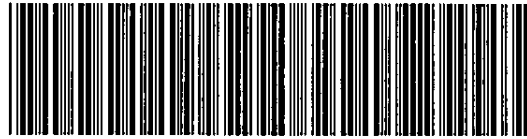
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Commerce and Trading, 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:

Carmen Melo
Name of Person

Eagle Commerce and Trading, LLC
Firm/Company

602 NW 136th Ave
Address

Miami, FL 33182
City/State and Zip Code

EAGLECOMMERCEANDTRADING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Melo at (786) 451-5248
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:

- ☒ S25 Filing Fee ☐ S30 Filing Fee & Certificate of Status ☐ S55 Filing Fee & Certified Copy ☐ S60 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: Eagle Commerce
and Trading, LLC

SECOND: The Florida Document number of the limited liability company is: L14000105263

THIRD: Document to be corrected is:
Correction on last name of auth. person #2.

(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:

The last name of Mahir A. Abdulkareem is not
correct. Abdulkareem is another middle name.

Authorized person's true name is as follows:

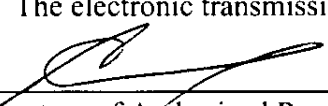
<u>MAHIR</u>	<u>A.A.</u>	<u>ALZUBIDY</u>
FIRST	MIDDLE	LAST

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

07/03/14
Date

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

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STATE OF FLORIDA
TALLAHASSEE