

L14000107733

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlas Builders Group of NWFL, 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:

Mary Clark

Name of Person

Atlas Builders Group of NWFL, LLC

Firm/Company

4137 Plant Avenue

Address

Pace, FL 32571

City/State and Zip Code

chadwyckclark@yahoo.com

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

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Mary Clark

850

910-3678

Name of Person

at (

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

CR2E062 (2/14)

**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: Atlas Builders Group of NWFL, LLC  
Atlas Builders Group of NWFL, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000107733

**THIRD:** Document to be corrected is:  
L14000107733

**(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:

Atlas Builders Group of NWFL, LLC

Name submitted incorrectly.

Atlas Builders Group, LLC of NWFL

**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.

May Coal  
Signature of Authorized Representative

07/09/2014

Date

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