

L14 000 108817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUL 11 2014

F CLINE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARMSTONG'S SERVICE CENTER, 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:

LYNN W. MONK

Name of Person

Firm/Company

P.O. BOX 1242

Address

PERRY, FL 32348

City/State and Zip Code

LMONK@FAIRPOINT.NET

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

For further information concerning this matter, please call:

LYNN W MONK

850

584-3042

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)

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**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: ARMSTONG'S SERVICE CENTER, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000108817

**THIRD:** Document to be corrected is:  
NAME OF THE LIMITED LIABILITY CO Articles of Organization

**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:

NAME WAS MISSPELLED (ARMSTONG'S) "R" WAS LEFT OUT /

NAME SHOULD BE: ARMSTRONG'S SERVICE CENTER, LLC

**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.

*Lynn W Mark*  
Signature of Authorized Representative

07/10/2014

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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