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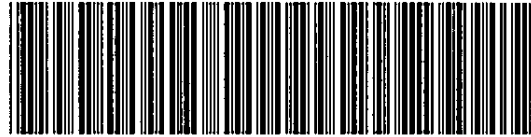
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CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Darryl Hammac Services 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:

William Darryl Hammac
Name of Person

Darryl Hammac Services LLC
Firm/Company

4797 Ponciana
Address

Pensacola FL 32504
City/State and Zip Code

Mary Hammac @ att.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

William Darryl Hammac at 850, 456-9667
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

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: Darryl Hammac Services LLC

SECOND: The Florida Document number of the limited liability company is: LI4-113981

THIRD: Document to be corrected is: Articles of Organization
Darryl Hammac Services LLC

(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:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Darryl William Hammac

Correction: William Darryl Hammac

OR

- ☐ The electronic transmission of the record was defective.

William Darryl Hammac 8/16/14
Signature of Authorized Representative Date

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

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