

L14 000 122507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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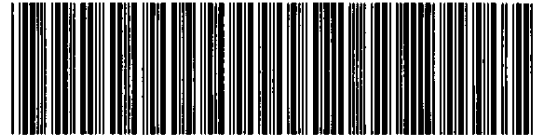
(Business Entity Name)

(Document Number)

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08/14/14
12:00 PM
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elio's Repair and Maintenance Company
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:

Jeremiah Elio
Name of Person

Elio's Repair and Maintenance Company
Firm/Company

163 College Ave.
Address

Defuniak Springs, FL 32435
City/State and Zip Code

eliojeremiah@yahoo.com.sg
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremiah Elio at (850) 333-6058
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

**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: Elio's Repair and
Maintenance Company

SECOND: The Florida Document number of the limited liability company is: L14000122507

THIRD: Document to be corrected is: Company Name

(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:

Elio's Repair and Maintenance Company
Spelling for the word Maintenance
Elio's Repair and Maintenance Company

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

8/7/14

Date

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