

L14000122856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
14 AUG 25 PM 4:53

SEP 02 2014
J. HARRIS

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.103 FAX: (800) 388-0330
EMAIL: mgomez@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 08/21/2014

FROM: MACHEAL GOMEZ

Client Matter: # 9039624

TO: REGISTRATION SECTION
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: CENTRAL STATE ELECTRIC LLC

Enclosed is one of the following: **(1) STATEMENT OF CORRECTION**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TO CASTJACK, 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:

MACHEAL GOMEZ

Name of Person

Firm/Company

5668 EAST 61ST STREET

Address

COMMERCE, CA 90040

City/State and Zip Code

mgomez@attorneyscorpsservice.com

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

For further information concerning this matter, please call:

MACHEAL GOMEZ

800

462-5487

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: TO CASTJACK, LLC

SECOND: The Florida Document number of the limited liability company is: L14000122856

THIRD: Document to be corrected is:

(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 name of the entity was incorrectly stated.

The correct name of the entity is:

CastJack, 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.

Macheal Gomez
Signature of Authorized Representative

08/21/2014

Date

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

14 AUG 25 PM 4: 56
SECRETARY OF STATE
DIVISION OF CORPORATION

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Macheal Gomez
Signature of Authorized Representative

08/21/2014

Date

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Certified Copy: \$30.00 (optional)

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