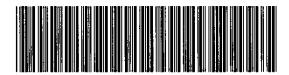
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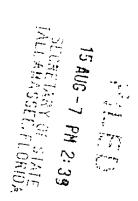
<del></del>	(Requestor's Name)	
	(Address)	
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	(Ĉity/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
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AUG 1 1 2015 J SHIVERS



June 11, 2015

EVELYN PAGNI 1700 SW 68 AVE PLANTATION, FL 33317

SUBJECT: EDJ SERVICE L.L.C. Ref. Number: L14000150404

We have received your document for EDJ SERVICE L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00011087

## **COVER LETTER**

TO: Registration Section • Division of Corporations	*
SUBJECT: EDJ SERVI	CE LLC
Name of Limited Lia	iointy Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ng:
EVELYN RPAGN	, <del>-</del>
ENJ SERVICE LLC	_
1700 SW 68 AVE	<u>_</u> .
Plantation FL 33.	317
E-mail address: (to be used for future annual report notification)	<u>,</u> Com
For further information concerning this matter, please call:  EVELYD PAGN)  at (954)  Name of Person	791-4167 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 Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2F062 (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: The Florida Document number of the limited liability company is: 4/4000/50404/ SECOND: 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: <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR

Filing Fee:

\$25.00

Certified Copy:

The electronic transmission of the record was defective.

mature of Authorized Representative

\$30.00 (optional)