

214600150404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

J SHIVERS

2146



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 SERVICE 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:

EVELYN R PAGNI
Name of Person

EDJ SERVICE LLC
Firm/Company

1700 SW 68 Ave.
Address

Plantation, FL 33317
City/State and Zip Code

edj.service@AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN PAGNI at 954 791-4167
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: _____

EDJ SERVICE LLC

SECOND: The Florida Document number of the limited liability company is: L14000150404

THIRD: Document to be corrected is:

EDJ SERVICE 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:

EDJ SERVICE L.L.C. is ~~exped~~ wrong.
Should be: " EDJ SERVICE 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.


Signature of Authorized Representative

5/18/2015
Date

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

15 AUG - 7 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA