#1/500030982

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300269138373

03/09/15--01012--021 **25.00

2015 APR 20 PM 5: 11

K. SALY EXAMINER APR 2 3 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2015

NAVCO PRO PAINTERS LLC ANTHONY NAVA 2902 S SEACREST BLVD. BOYNTON BEACH, FL 33435

SUBJECT: NAVCO PRO PAINTERS LLC

Ref. Number: L15000030982

15 APR 20 AM IO: 00

We have received your document for NAVCO PRO PAINTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- A Please enter the type of document to be corrected in the third section of the form.
- & Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 015A00005973

COVER LETTER

TO: Registration Division of	n Section Corporations					
Navo	o Pro Painters LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s) are submitted for filin	g.			
Please return all corr	respondence concerning this	s matter to the followin	g:			
Anthony Nava						
-	Name of Person		_			
Navco Pro Pair	iters LLC					
	Firm/Company		_			
2902 S Seacres	st Blvd					
	Address					
Boynton Beach	, Fl, 33435					
	City/State and Zip Code					
anthonynava19	87@yahoo.com					
E-mail address	: (to be used for future annu	nal report notification)	_			
For further informati	on concerning this matter, p	olease call:				
Anthony Nava	·	561	414-6716			
Na	me of Person	Area Code	Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		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

	FIL	E	T
2015 A	PR 20	Pu	<i>~</i>

Pursu	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
<u>FIRS</u>	<u>T</u> :	ection 605.0209, F.S., this document is being submitted to correct a previously filed document. Navco Pro Painters LLC The name of the limited liability company is: Navco Pro Painters LLC		
SEC(OND:	The Florida Document number of the limited liability company is: L15000030982		
THIRD:		Document to be corrected is:		
		- Detail by Entity Name AIRTICLES OF ORGANIZATION		
	<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
V		tins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the eted statement are as follows:		
	Autho	orized person Detail title for Anthony Nava is "Pres". It should be changed		
		defectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows:		
	<u>OR</u>			
	The el	lectronic transmission of the record was defective.		
	nto			
Si	gnature	of Authorized Representative Date		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)