

LIS 000037627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

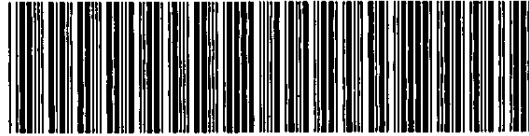
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280739284

01/11/16--01013--013 **25.00

FILED
16 JAN 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan JAN 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE RESTORATION SERVICES 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:

FELIX CHARLEMAGNE

Name of Person

Firm/Company

3 BAHIA PASS PLACE

Address

OCALA FL 34472

City/State and Zip Code

advancere restoration service@yahoo.com

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

For further information concerning this matter, please call:

FELIX CHARLEMAGNE

352

598 5937

at ()

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

CR2E062 (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: ADVANCE RESTORATION SERVICES
ADVANCE RESTORATION SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L15000037627

THIRD: Document to be corrected is:
CURRENT AUTHORIZED PERSONS DETAIL

(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:

DELETE DOUGLAS A APREA AS VP (AS MEMBER OF LLC)

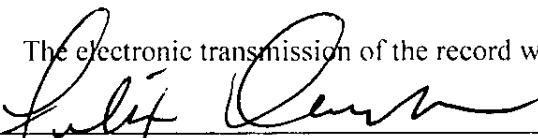
ADD EMIL APREA TITLE : MEM (AS MEMBER OF LLC)

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

11-09-15
Date

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