

# LIS 000037627

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

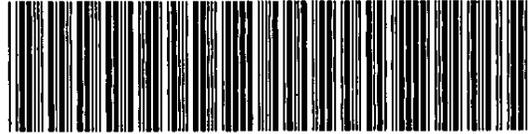
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

N. Culligan 1/11/16

**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

advancerestorationservice@yahoo.com

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

For further information concerning this matter, please call:

**FELIX CHARLEMAGNE** at ( **352** ) **598 5937**  
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: 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 )

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TALLAHASSEE FLORIDA

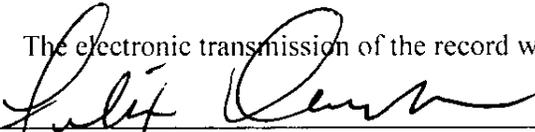
**OR**

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)