

L15000086460

(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



000273317010

05/29/15--01014--014 **25.00

FILED
2015 MAY 29 AM 10:58
CLERK OF STATE
TALLAHASSEE FLORIDA

JUN 01 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clark Construction and Stucco 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:

Antonio Clark

Name of Person

Clark Construction and Stucco LLC

Firm/Company

5234 Bragg Rd

Address

Jacksonville, FL 32254

City/State and Zip Code

tonyman3900@gmail.com

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

For further information concerning this matter, please call:

Antonio Clark

904

962-0429

Name of Person

at ()

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)

FILED
2015 MAY 29 AM 10:58
TALLAHASSEE FLORIDA
CLERK OF STATE

**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: Clark Construction and Stucco LLC

SECOND: The Florida Document number of the limited liability company is: L04000001305

THIRD: Document to be corrected is:
authorized person

L15000080400

(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:

I Antonio Clark the owner and Registered Agent wants to add myself as the
manager and remove Kerry Wynn as the AMBR. I place Kerry Wynn as the
AMBR an error. Please make the appropriate changes as needed for
banking purpose. Any questions please call me at 904-962-0429.

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.

Antonio Clark
Signature of Authorized Representative

5/26/2015
Date

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

FILED
2015 MAY 21 AM 10:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA