

U5000130188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

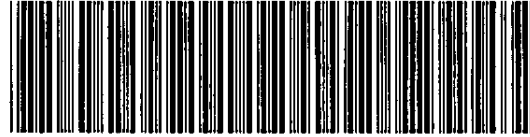
(Document Number)

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

Special Instructions to Filing Officer:

605

Office Use Only



300279693583

01/04/16--01004--026 \*\*25.00

FILED  
16 JAN - 4 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JAN 19 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 5, 2016

STEPHEN SURMAN  
7828 SW WILDWOOD DRIVE  
STUART, FL 34997

SUBJECT: SURMANS CONSTRUCTION, LLC  
Ref. Number: L15000130188

We have received your document for SURMANS CONSTRUCTION, 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):

The document must be signed by a member or manager of the limited liability company.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 816A00000234

FILED  
16 JAN -4 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Surmans Construction, 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:

Stephen Surman

Name of Person

Surmans Construction, LLC

Firm/Company

7828 SW Wildwood Drive

Address

Stuart, FL 34997

City/State and Zip Code

Newconstruction3@aol.com

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

For further information concerning this matter, please call:

Stephen Surman

Name of Person

at ( 772 ) 9192830

Area Code

Daytime Telephone Number

16 JAN - 4 PM 5:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Surmans Construction, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000130188

**THIRD:** Document to be corrected is: L15000130188

**(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:

Registered Agent and Authorized Person should be "Stephen Surman", not Mike Surman. My name is Stephen Michael Surman and go by Mike so the paperwork was filled out with the name I go by not my legal name.

**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

Date

FILED  
JAN - 4 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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