

LIS000138171

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Dominguez SEP 10 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRUCTURAL Rehabilitation Systems 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:

Raymond A. Ruszkowski  
Name of Person

STRUCTURAL Rehabilitation Systems LLC  
Firm/Company

2120 NW 107<sup>TH</sup> Way  
Address

Coral Springs FL. 33071  
City/State and Zip Code

RAYZOR0213@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond A. Ruszkowski at ( 315 ) 534-0556  
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: STRUCTURAL Rehabilitation System  
(should be STRUCTURAL Rehabilitation Systems LLC)

**SECOND:** The Florida Document number of the limited liability company is: L15000138171

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

LLC Name to: STRUCTURAL Rehabilitation Systems LLC

**(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:

"STRUCTURAL Rehabilitation Systems LLC"  
Should have been issued instead of  
"STRUCTURAL Rehabilitation Systems LLC"  
IT WAS AN ERROR ON MY PART (RAE)

**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

*Thank You*

9/3/15

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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