

LIS000 188717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

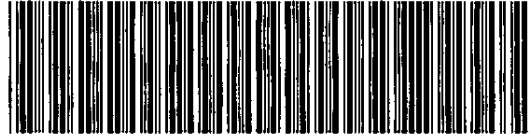
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279965897

12/22/15--01006--011 **25.00

FILED
15 DEC 22 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BMT Staffing Enterprises, 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:

Erika Thompson

Name of Person

BMT Staffing Enterprises, LLC

Firm/Company

3281 Coral Hills Drive #8

Address

Coral Springs, FL 33065

City/State and Zip Code

carbaw49@gmail.com

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

For further information concerning this matter, please call:

Erika Thompson at (954) 4617033

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: BMT Staffing Enterprises, LLC

SECOND: The Florida Document number of the limited liability company is: L15000188717

THIRD: Document to be corrected is: Effective date 01/13/16

(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:

Effective date 11/06/15 need to be corrected because
business will not be earning income until next year 2016.

Effective date to be 01/13/2016

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.

Chompson

Signature of Authorized Representative

12/16/15

Date

FILED
15DEC 22 AM 8:36
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)