

L16000010950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

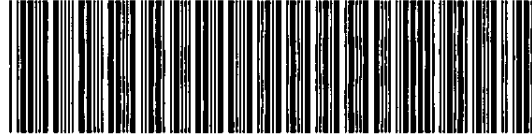
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L16-10950

01/28/16--01021--017 \*\*90.00

stmt of COFR

FILED  
16 JAN 28 PM 12:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2016

N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&E All-Purpose Commercial 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:

Emese D Scott

Name of Person

Firm/Company

3205 Dragoon Place

Address

Orlando, FL 32818

City/State and Zip Code

scottantonio\_37@yahoo.com

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

For further information concerning this matter, please call:

Emese D Scott

Name of Person

at ( 407 ) 953-6820

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 (9/15)

\* ENCLOSURE

**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: A&E All-Purpose Commercial Services, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000010950

**THIRD:** Document to be corrected is: Authorized Person(s) & Mission Statement typo(Article III)

**(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:

Add Antonia L Scott as an Authorized Person.

Also, under Article III there is a typo on the word "clients" located within the third sentence. Should read: ".....meets our clients expectations..." (copy enclosed)

**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.

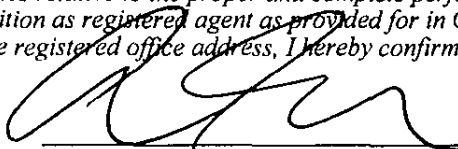
\_\_\_\_\_  
Signature of Authorized Representative Date

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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)**