

L160000037946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

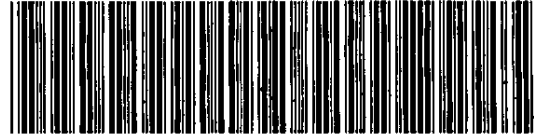
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/16--01014--014 **25.00

2016 JUN 10 P 5:05
TALLAHASSEE, FLORIDA

FILED

JUN 15 2015
BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUN 10 PM 12:10
TALLAHASSEE, FLORIDA

May 18, 2016

DONTAVIS T. FIELDS
6600 EDGEWATER DRIVE
ORLANDO, FL 32810

SUBJECT: D.T. CARPENTARY SERVICES LLC
Ref. Number: L16000037946

We have received your document for D.T. CARPENTARY SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00010508

2016 JUN 10 P 5:05
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.T. Carpentry 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:

Dontavis T. Fields
Name of Person

D.T. Carpentry Services LLC
Firm/Company

6600 Edgewater Drive
Address

Orlando, FL 32810
City/State and Zip Code

chriswomard@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Fields at (321) 460-8350
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

CR2E062 (9/15)

RECEIVED
 2018 JUN 10 P 5:05
 FILED

**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: _____

D.T. Carpentry Services LLC

SECOND: The Florida Document number of the limited liability company is: L16000037946

THIRD: Document to be corrected is: LLC name (Letter Change)

(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:

INCORRECT STATEMENT: Company name
Reason incorrect: Misspelled word-(Carpentary)
CORRECT STATEMENT: D.T. Carpentry Services LLC

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] 8/23/2016
Signature of Authorized Representative Date

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)