

L160000046433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 21 2016  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Caribbean Metal Fabricators  
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:

Alex Olivo  
Name of Person

Caribbean Metal Fabricators, LLC.  
Firm/Company

490 N. Semoran Blvd  
Address

Orlando, FL 32807  
City/State and Zip Code

Caribbean Metal Fabricators, LLC.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Maldonado at ( 407 ) 525-6102  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAR 18 PM 12:01

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**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: Caribbean Metal Fabricators, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L16000046633

**THIRD:** Document to be corrected is: L16000046633

**(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:

The name of the company was misspelled, please  
change it to : Caribbean Metal Fabricators, LLC.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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TALLAHASSEE, FLORIDA

**OR**



The electronic transmission of the record was defective.

[Signature] 3-16-16  
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.*

[Signature]  
Registered Agent's Signature

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