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COVER LETTER

	stration Section of Corp				
SUBJECT:	West	Coast Floor	r & More I	LLC	
SUBJECT		Na	ame of Limited Liabi	lity Company	
Dear Sir or Ma	adam:				
The enclosed	Statement o	f Correction and fee(s) are	e submitted for filing	<u>.</u>	
Please return a	all correspon	idence concerning this ma	atter to the following	:	
Peter	Foley				
		Name of Person			
West (Coast	Floor & Mo	re LLC		
		Firm/Company		•	
3712 Yellowbird Dr.					
		Address	<u> </u>	•	
New F	ort R	ichey			
	Cit	y/State and Zip Code		-	
wcfloo	r@gr	nail.com			
		be used for future annual	report notification)	-	
For further in	formation co	oncerning this matter, plea	ase call:		
Peter Foley 727				277 0678	
• • • • • • • • • • • • • • • • • • • •	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	he following amount:			
s25 Filing	; Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

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: West Coast Floor & More LLC The Florida Document number of the limited liability company is: L16000076771 **SECOND:** Document to be corrected is: Did not list Peter Foley as the AMBR THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT x Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: West Coast Floor & More LLC Does not have Peter Foley listed as the AMBR. I, Peter Foley am requesting to be added to the LLC as the AMBR Please call if any problems occure, thank you. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> \Box The electronic transmission of the record was defective. Signature of Authorized Representative 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. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)