

L16000144693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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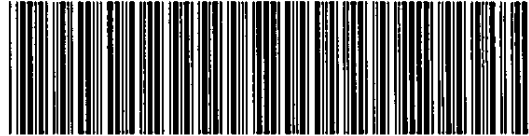
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 16 2016  
BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EB REMODELING & DECOR 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:

EDWARD BRINGAS  
Name of Person

EB REMODELING & DECOR LLC  
Firm/Company

3640 SHAW LN  
Address

BOYD TO BEACH FL 33436  
City/State and Zip Code

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

For further information concerning this matter, please call:

EDWARD BRINGAS at (561) 523-9404  
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 AUG 15 A 10:45

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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: EB REMODELING & DECOR LLC

**SECOND:** The Florida Document number of the limited liability company is: L1600014693

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

EDWARD BRINGAS - REGISTERED AGENT.  
EDWARD BRINGAS - AMBR.

**OR**

☒ The electronic transmission of the record was defective.

Edward Bringas  
Signature of Authorized Representative

8/8/16  
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.

Edward Bringas  
Registered Agent's Signature

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