

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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16 OCT 31 PH 12: OCT

SECRETARY OF STATE

SECRETARY OF STATE

D. SCOTT NOV 1 2015

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:		Name of Limited Liability	eaning PB	LLC
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) as	re submitted for filing.		
Please return all corresp	ondence concerning this m	natter to the following:		
David	Stone Name of Person			
	Firm/Company			
day, on	Address Address City/State and Zip Code Composite the Composite)r. 33412 -	FILED PH 2: 00 16 OCT 31 PH 2: 00 TALLAHASSEE, FLORIDA
For further information	concerning this matter, ple	ase call:		
David Str Name	of Person	at (Sol)	346-7937 Daytime Telephone Number	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, Florida 323	s Circle	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, 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)

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: Rerformance Cleaning (B)	~ (
SECON	The Florida Document number of the limited liability company is: 160016053	}			
THIRD:	Document to be corrected is: Filing Information				
	(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 tatement are as follows:				
-	The address was filed as 1304 Th Lan	ne			
(Palm Beach Gardon S. Pl 33418 it Shoul be				
\	304 13th Lane Palm Beach Gardons, FL 33418				
9	<u>DR</u>				
	Vas defectively signed. The manner in which the document was defectively signed and the appropriate correction are s follows:				
	Ass. 5				
	CR 8 TI				
-	3 3				
-					
9	OR PEST 15				
	The electronic transmission of the record was defective.				
-	Signature of Authorized Representative Date				
	of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign the designation).				
New Rec	stered 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				
obligatio	s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the is 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 control of this ch	hange in the registered office address, I hereby confirm that the limited liability company has been notified in writing inge.				
Registered Agent's Signature					
	Filing Fee: \$25.00				
	Certified Copy: \$30.00 (optional)				