

L16000184102

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ETC@LICENSESETC.COM

FILED
2016 OCT -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SETTERQUIST FLOORING INSTALLATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

OCT-10-2016

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Corporate Filing Menu

Help

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2017 OCT -7 PM 12:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Setterquist Flooring Installations, 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:

Sean Dinneen

Name of Person

Licenses, Etc., Inc.

Firm/Company

886 110th Ave N, #6

Address

Naples, FL 34108

City/State and Zip Code

ETC@LICENSESETC.COM

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

For further information concerning this matter, please call:

Sean Dinneen

Name of Person

at 239

Area Code

592-4381

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)

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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: SETTERQUIST FLOORING INSTALLATIONS, LLC

SECOND: The Florida Document number of the limited liability company is: L16000184102

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(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:

Philip Setterquist was incorrectly listed as an AMBR and should be removed.

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.

 10/05/2016
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)

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850-617-8381

10/7/2016 10:31:18 AM PAGE 1/001 Fax Server



October 7, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SETTERQUIST FLOORING INSTALLATIONS, LLC
670 GOODLETTE ROAD
NAPLES, FL 34102US

SUBJECT: SETTERQUIST FLOORING INSTALLATIONS, LLC
REF: L16000184102

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please enter the type of document to be corrected in the third section of the form.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000248266
Letter Number: 516A00021648

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RECEIVED
FALL 2016

P.O BOX 6327 - Tallahassee, Florida 32314