

116000208145

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K. SALY

MAR 22 2017



*COLLECTIONS MAKE*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2017

PROFEC PATNTERS LLC  
MALIK ALJALIL  
153 GLADES CIR.  
LARGO, FL 33771-5010

SUBJECT: PROFEC PAINTERS LLC  
Ref. Number: L16000208145

2017 MAR 16 PM 2:03  
TALLAHASSEE, FLORIDA

We have received your document for PROFEC PAINTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

Please write in the complete effective date. We cannot accept just month and year.

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

Letter Number: 317A00004199

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFEC PAINTERS  
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:

MALIK ALJALIL  
Name of Person

PROFEC PAINTERS  
Firm/Company

153 GLADES CIRCLE  
Address

LARGO, FLORIDA 33771-5010  
City/State and Zip Code

ALJALILM9@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALIK ALJALIL at ( 614 ) 286-7824  
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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**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: PROFEL PAINTERS

**FILED**  
2017 MAR 16 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** The Florida Document number of the limited liability company is: L16000208145

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

FAILED TO PUT EFFECTIVE DATE ON APPLICATION. THE COMPANY IS  
NOT DOING BUSINESS YET. TRYING TO GET CONTRACTOR LICENSE.  
PLEASE MAKE EFFECTIVE DATE ~~2/28/2017~~ 2/28/2017

**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.

\_\_\_\_\_  
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.

Mald Dahl  
\_\_\_\_\_  
Registered Agent's Signature

Filing Fee:  
Certified Copy: •

\$25.00  
\$30.00 (optional)