

L16000221546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

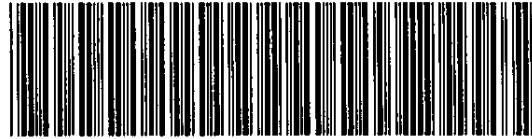
(Business Entity Name)

(Document Number)

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JUN 10 P 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carnes Construction & Remodeling Company 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:

George Carnes
Name of Person

Carnes Construction & Remodeling Company LLC
Firm/Company

1165 Caberd Road South.
Address

Tax FL 32221
City/State and Zip Code

gcarnes6@comcast.net.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Carnes at (904) 781-4495
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

**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: Carnes Construction & Remodeling

SECOND: The Florida Document number of the limited liability company is: L 16000221546

THIRD: Document to be corrected is: Registration Effective Date - 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:

We instructed our attorney that we would not be starting up until after the first of the year 2017. Some how that got messed up in the final paper work they submitted to FL DIVISION of Corporations and the fee paid. Would like OR Effective Date to be changed to reflect start up in January of 2017.

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

Thank You for all your help.

OR

☐ The electronic transmission of the record was defective.

George Carnes
Signature of Authorized Representative

FILED
FEB 10 P 2 2017
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)