

L16000231898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

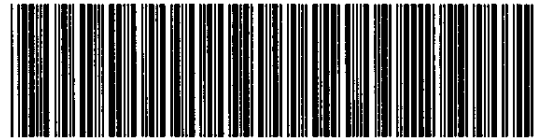
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Certified Copies _____

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17 FEB 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2017

N JANE PUCKETT, EA
PO BOX 1006
PIERSON, FL 32180

SUBJECT: FIRST COAST RECYCLING, LLC
Ref. Number: L16000231898

RECEIVED
2017 FEB 13 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FIRST COAST RECYCLING, 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):

PLEASE SUBMIT STATEMENT OF CORRECTION APPLICATION TO
CHANGE THE EFFECTIVE DATE.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00002068

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17 FEB 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Recycling, 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:

N. Jane Puckett, EA

Name of Person

East Washington Accounting Services

Firm/Company

PO Box 1006

Address

Pierson, FL 32180

City/State and Zip Code

medickj@bellsouth.net

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

For further information concerning this matter, please call:

N. Jane Puckett, EA at (386) 749-9010
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: *(Previously sent)*

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

CR2E062 (9/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: First Coast Recycling, LLC

SECOND: The Florida Document number of the limited liability company is: L16000231898

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:

The effective date was incorrectly stated as 12/31/2016
and have been stated effective 01/01/2017.

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.

N/A

Registered Agent's Signature

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