117000012511

(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:

Office Use Only



600291981106

01/30/17--01028--014 **25.00

77 APR 13 PH W 06

O SIMMONS APR 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2017

CALEB GREEN 4320 DEERWOOD LAKE PKWY STE 101-133 JACKSONVILLE, FL 32216

SUBJECT: CG ROOFING GROUP, LLC

Ref. Number: L17000012511

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 21

Letter Number: 217A00001980

ZNIT APR 13 AM 11: 33

COVER LETTER

TO: Registration Sec Division of Corp	oorations				
SUBJECT: CG ROOFING Group LLC Name of Limited Liability Company					
	N	ame-of Limited Liability	Company		
Dear Sir or Madam:					
The enclosed Statement of	of Correction and fee(s) are	e submitted for filing.			
Please return all correspo	ndence concerning this ma	atter to the following:			
Caleb	W Green	5			
CG Raxing Group, LLC Firm/Company					
4320 Deer wood Lake Phuy Suite 101-133 Address					
Jackson ville FL 32216 City/State and Zip Code					
Caren O Caroofingaroup. com E-mail address: (to-be used for future annual report notification)					
For further information concerning this matter, please call:					
Cales Grea		at (904)_	377-0866		
Name of	Person	Area Code	Daytime Telephone Number		
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rcle	Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314		
Enclosed is a check for t	he 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

ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
name of the limited liability company is: CG ROOFing Group LL		-
The Florida Document number of the limited liability company is: L 170000 125	[7	-
Document to be corrected is: Articles of Organization		-
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM)	ENT	
ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ment are as follows:	e correcte	ed
! Ein 36-4857367		_
	5) Deta	<u>.</u>
defectively signed. The manner in which the document was defectively signed and the appropri	ate conrect	tion are
llows:	. 35	W1-
		1: 81 *** - 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:
	-0	_ [1]
		ا الرابطية
		-
electronic transmission of the record was defective.	L	
Signature of Authorized Representative Date	5	-
new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered designation).	agent mu	ıst sign
all statutes relative to the proper and complete performance of my duties, and I am familiar with f my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bein	and acce	pt the merely
	The Florida Document number of the limited liability company is: L170000 125 Document to be corrected is: Articles of Organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMING ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ment are as follows: En 36-4857367 Peccl to ad my name under Authorized Person Collectively signed. The manner in which the document was defectively signed and the appropriations: Signature of Authorized Representative Date Determine transmission of the record was defective. Signature of Authorized Representative Date Date Peccl to ad my name under signature, if changing Registered Agent; or the appointment as registered agent and agree to act in this capacity. I further agree to complete the appointment as registered agent and agree to act in this capacity. I further agree to complete the appointment as registered agent and agree to act in this capacity. I further agree to complete the appointment as registered agent and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 605, F.3. Or, if this document is being in the registered distinction of the proper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 605, F.3. Or, if this document is being in the registered difference of the proper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 605, F.3. Or, if this document is being in the registered difference the limited liability company has been in the registered agent in the registered agent is the registered agent as provided for in Chapter 605, F.3. Or, if this course it is being the registered agent and the limited liability company has been in the registered agent and the agent and	The Florida Document number of the limited liability company is: L170000 12511 Document to be corrected is: Articles of Organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correctement are as follows: Ein 36-4357367 Cecl to ad mig name under Authorized Person (5) Detailed to the manner in which the document was defectively signed and the appropriate corrected lows: Signature of Authorized Representative Date Date Led To changing Registered Agent: or the appointment as registered agent and agree to act in this capacity. I further agree to comply with the all statutes relative to the proper and complete performance of my duties, and I am familiar with and acced my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled in the registered dagent as provided for in Chapter 605, F.S. Or, if this document is being filled in the registered dagent as provided for in Chapter 605, F.S. Or, if this document is being filled in the registered dagent as provided for in Chapter 605, F.S. Or, if this document is being filled on the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled on the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled to the propagate of the propagates of the

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)