

L17000079278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

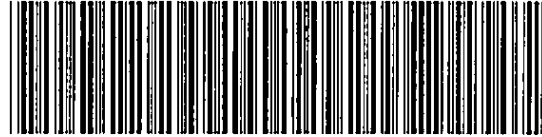
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **DF REMODELING AND REPAIRS 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:

**FIDEL HERNANDEZ**

Name of Person

**DR REMODELING AND REPAIRS LLC**

Firm/Company

**29301 FLORIDA RD**

Address

**HOMESTEAD, FL 33033**

City/State and Zip Code

**fidelhernandez1964@gmail.com**

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

For further information concerning this matter, please call:

**FIDEL HERNANDEZ**

Name of Person

**305**

Area Code

**409-7631**

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



2020 JAN -2 PM 6:54

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2020

FIDEL HERNANDEZ  
29301 FLORIDA RD  
HOMESTEAD, FL 33033

SUBJECT: DF REMODELLING AND REPAIRS LLC  
Ref. Number: L17000079278

We have received your document for DF REMODELLING AND REPAIRS 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):

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

You failed to sign in the space provided.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00002371

**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: DF REMODELING AND REPAIRS LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000079278

**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 NAME SHOULD BE  
DF SERVICE AND REPAIR LLC

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.*

Registered Agent's Signature

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

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2020 MAR -2 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA