

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L1700015039

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
 Account Name : LICENSES ETC INC  
 Account Number : I20070000159  
 Phone : (239) 777-1028  
 Fax Number : (877) 275-3593

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 DEB E COOP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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 TALLAHASSEE, FLORIDA

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D. BRUCE  
 MAY 08 2017

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Deb E Coop, 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:

Lisa Adams

Name of Person

Licenses, Etc. Inc.

Firm/Company

886 110th Ave. N. #6

Address

Naples, FL 34108

City/State and Zip Code

etc@licensesetc.com

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

For further information concerning this matter, please call:

Lisa Adams

Name of Person

at ( 239 ) 777-1028

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

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TALLAHASSEE, FLORIDA

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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

CR2E062 (9/15)

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**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: Deb E Coop, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000095039

**THIRD:** Document to be corrected is: Article IV, Authorized Person(s) Detail

**(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:  
An authorized entity was left off. Please add "The Entrust Group FBO Earl Cooper IRA #7230003467"  
as an authorized member title AMBR whose address is 2882 SW Monarch Trail, Stuart, FL 34997.  
Also include our EIN number of 82-1359880. Please and thank you,

**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.

Earl Cooper 5/5/2017  
Signature of Authorized Representative Date

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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)