

L17 000 122914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

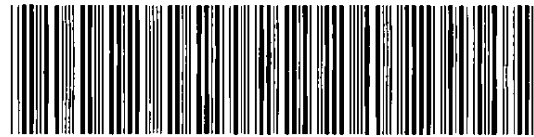
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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07/07/17--01001--010 \*\*25.00

D. SCOTT  
JUL 11 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWORTH Construction 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:

ENRIQUE M. MARINA

Name of Person

SWORTH Construction

Firm/Company

48 Grove Ave

Address

St. Augustine FL 32084

City/State and Zip Code

Henrymarina03@gmail.com

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

For further information concerning this matter, please call:

ENRIQUE MARINA

Name of Person

at ( 904 )

Area Code

400-649

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: SWORDFISH CONSTRUCTION, LLC

**SECOND:** The Florida Document number of the limited liability company is: C17000122914

**THIRD:** Document to be corrected is: CORPORATE Filing Registration

**(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:

- 1) CORRECT REGISTERED AGENTS ADDRESS to: 48 GRADE AVE, SIMPSON, FL 32084
- 2) CORRECT TITLE FOR MEMBER TO: MARIA, ENRIQUE, M. III

**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.

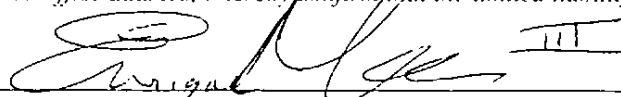
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
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:**  
**Certified Copy:**

**\$25.00**  
**\$30.00 (optional)**