

L18000056532

(Requestor's Name)

(Address)

(Address)

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2018 MAR 29 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2018

ANGELA J JONES  
LOCKLIN, SABA, LOCKLIN & JONES PA  
4557 CHUMUCKLA HIGHWAY  
PACE, FL 32571

SUBJECT: PCDGASR, LLC  
Ref. Number: L18000056408

S32

*3/26/18 - document  
number should be  
L18000056532.  
It has been  
corrected on  
attached.*

We have received your document for PCDGASR, 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):

THE NAME LISTED IN (FIRST:) MUST BE SAME AS OUR RECORDS. THE CURRENT NAME OF YOUR LLC IS PCDGASR, LLC, PLEASE AMEND THAT LINE. ALSO, YOUR ENTITY CAN NOT ME IT'S OWN AMBR. MUST HAVE ANOTHER ENTITY OR A PERSON.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 118A00005092

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2018 MAR 29 AM 11:18

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paramount Construction & Development Group, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela J. Jones

Name of Person

Locklin, Saba, Locklin & Jones, P.A.

Firm/Company

4557 Chumuckla Highway

Address

Pace, FL 32571

City/State and Zip Code

ajjones@ljslawfirm.com

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

For further information concerning this matter, please call:

Angela J. Jones

Name of Person

850

Area Code

995-1102

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: Paramount Construction & Development Group, LLC

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

**THIRD:** Document to be corrected is: L18000056408<sup>532</sup> - 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 AMBRs were incorrectly named as Ryan T. Carlson and Alex S. Dasilva.

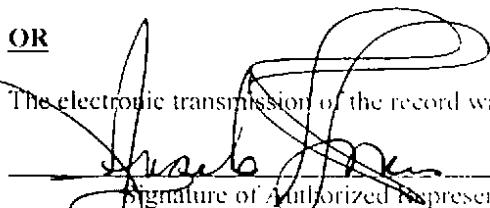
The correct AMBR is PCDGASR, LLC. The address for PCDGASR, LLC is  
4851 W. Spencerfield Road, Pace, FL 32571.

**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

3/9/17  
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)