

118000198088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

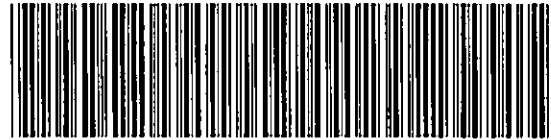
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



100319148221

12/20/18--01002--002 **2.50

10/01/18--01040--018 **52.50

2018 DEC 13 AM 11:28
SECURITY OF STATE
CLERK OF SUPERIOR COURT

M. MILLIGAN
DEC 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2018

CIVIL PLUMBING LLC
KENNETH CIVIL
7268 PELAS CIR
NORTH FORT MYERS, FL 33917

SUBJECT: CIVIL PLUMBING LLC
Ref. Number: L18000198088

We have received your document for CIVIL PLUMBING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 618A00021601

55.00 FEE
52.50 RECEIVED
\$ 2.50 Balance

DEC 13 11:11:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIVIL PLUMBING 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:

KENNETH CIVIL

Name of Person

CIVIL PLUMBING LLC

Firm/Company

7248 PELAS CIE

Address

NORTH FORT MYERS, FL 33917

City/State and Zip Code

levelhd60@gmail.com

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

For further information concerning this matter, please call:

KENNETH CIVIL

Name of Person

at (239) 244-4013

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

Enclosed is a check for the following amount: \$52.50 you have + \$2.50 = \$55.00

☐ \$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

FILED

DEC 13 AM 11:28

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: CIVIL PLUMBING LLC

SECOND: The Florida Document number of the limited liability company is: L180000198088

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 LLC MEMBER NAME USED ON APPLICATION
WAS KENNY CIVIL THIS IS A NICKNAME.
THE LLC MEMBER NAME SHOULD READ KENNETH CIVIL

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.

* See Below
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.

[Signature]
Registered Agent's Signature / Authorized Rep

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