

L20 000071114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

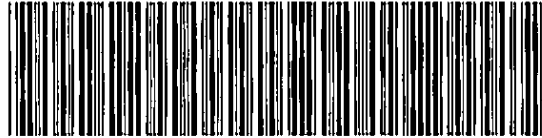
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CLERK OF COURT  
JULIA M. SELLNER

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NOV 10 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 OCT 27 PM 7:05

October 28, 2020

LUIS RODRIGUEZ  
PRO MECH LLC  
12204 129TH CT  
MIAMI, FL 33186

SUBJECT: PRO MECH L.L.C.  
Ref. Number: L20000071114

We have received your document for PRO MECH L.L.C. and your check(s) totaling \$35.00. 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 LLC. 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) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 620A00021495

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pro Mech L.L.C.  
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:

Luis Rodriguez Troche  
Name of Person

Pro Mech L.L.C.  
Firm/Company

12204 129th CT  
Address

Miami FL 33186  
City/State and Zip Code

promech 787@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Rodriguez Troche at 787, 955 9698  
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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: Pro Mech LLC.

SECOND: The Florida Document number of the limited liability company is: L20000071114

THIRD: Document to be corrected is: FEI/EIN number update; Authorized person 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:

FEI/EIN number: 84-5083699

Authorized Person Detail: Luis Rodriguez Troche

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

02 NOV 2020

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)

**FILED**  
2020 NOV -5 PM 2:35  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA