

MD200000221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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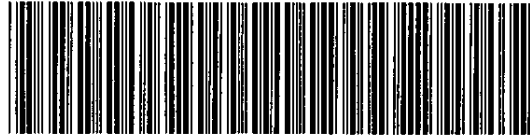
(Business Entity Name)

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

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2015 AUG 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&E Factory Services, 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:

Aimee Mohr

Name of Person

Sears Roebuck and Co.

Firm/Company

3333 Beverly Road, B2-107A

Address

Hoffman Estates, IL 60179

City/State and Zip Code

aimee.mohr@searshc.com

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

For further information concerning this matter, please call:

Aimee Mohr

847

286-7359

Name of Person

at ()

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2015 AUG 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: A&E Factory Services, LLC

SECOND: The Florida Document number of the limited liability company is: M02000000221

THIRD: Document to be corrected is:
Annual Report

(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:

Please remove Arun Arora from list of authorized persons detail.


Please remove Brian Kaner from list of authorized
persons detail.

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

8/4/15
Date

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