

L14 0 00178010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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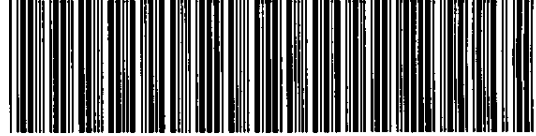
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bureau DEC 23 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GPS MANagements 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:

CARLOS E ROCHE

Name of Person

GPS MANagements SERVICES

Firm/Company

3956 TOWN CENTER BLVD SUITE #339

Address

ORLANDO FL 32837

City/State and Zip Code

CARLOSEROCHE@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS E ROCHE at ( 407 ) 3419956  
Name of Person 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

**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: GPS MANagements SERVICES LLC

**SECOND:** The Florida Document number of the limited liability company is: L1400078010

**THIRD:** Document to be corrected is:  
WRONG LLC NAME SPELLING

**(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:  
GPS MANAGEMENT SERVICES LLC

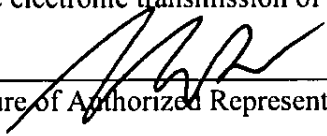
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TALLAHASSEE, FLORIDA

**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.

 11/19/2014  
Signature of Authorized Representative Date

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