

LO80000084358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

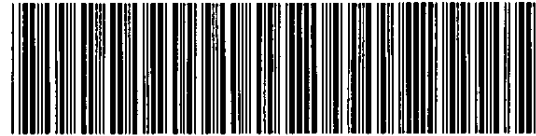
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Linda Tackett gave
permission to correct
document.
[Signature]

Office Use Only



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FILED
14 MAY -6 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 4 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Childkare Solutions 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:

Linda Tackett

Name of Person

ChildKare Solutions LLC

Firm/Company

17932 Lake lola Rd.

Address

Dade City, FL 33523

City/State and Zip Code

tackett42101@gmail.com

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

For further information concerning this matter, please call:

Linda Willoughby Tackett

at (352) 807-1418

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

CR2E062 (2/14)

**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: Childkare Solutions LLC

SECOND: The Florida Document number of the limited liability company is: L08000084358

THIRD: Document to be corrected is:
Annual Report filed Apr. 07, 2014

(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: Holly Duncan is not the Registered agent, Linda Tackett, of 17432 Lake Iola Rd, Dade City is the Registered agent, The Principal Office is not in Seffner, but rather at the same address as the Registered agent.

With my signature below, I hereby am familiar with and accept the duties and responsibilities as Registered agent.

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.

Linda Tackett, MGMR
Signature of Authorized Representative

4-7-2014
Date

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

FILED
11 MAY -6 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA