

L100000105240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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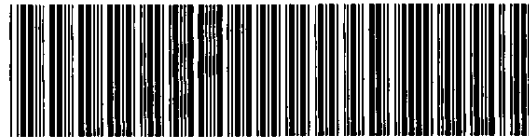
(Business Entity Name)

(Document Number)

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B. KOHR

OCT 18 2010

EXAMINER

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
10 OCT 15 PM 4:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheridan Tax & Services, LLC
Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
10 OCT 15 PM 4:55

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Sheridan
Name of Person

Sheridan Tax & Services, LLC
Firm/Company

1743 Swamp Rose LN
Address

Trinity, FL 34655
City/State and Zip Code

LOOT1106@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Sheridan at (727) 372-2616
Name of Person Area Code & Daytime Telephone Number

FAX 727-674-0712

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

Sheridan Tax & Services LLC

SECOND: The articles of organization or the application to transact business

(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:

Change effective date to 10/10/10

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated:

10/15

2010


Signature of a member or authorized representative of a member

Shannon Sheridan

Typed or printed name of signee

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

10 OCT 15 PM 4:55
RECEIVED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000105240
FILED 8:00 AM
October 07, 2010
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
SHERIDAN TAX & SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1743 SWAMP ROSE LANE
TRINITY, FL. 34655

The mailing address of the Limited Liability Company is:
1743 SWAMP ROSE LANE
TRINITY, FL. 34655

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS. TAX & BOOKKEEPING SERVICES.

Article IV

The name and Florida street address of the registered agent is:
SHANNON M SHERIDAN
1743 SWAMP ROSE LANE
TRINITY, FL. 34655

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHANNON M SHERIDAN

Article V

The name and address of managing members/managers are:

Title: MGR
SHANNON M SHERIDAN
1743 SWAMP ROSE LANE
TRINITY, FL. 34655

L10000105240
FILED 8:00 AM
October 07, 2010
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

01/01/2011

Signature of member or an authorized representative of a member

Signature: SHANNON M SHERIDAN