

L10000111795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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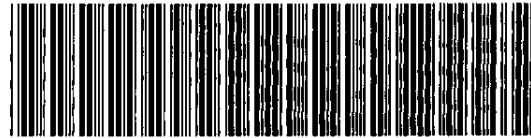
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 23 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melisse Title Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Melisse L. Vivenzio
Name of Person

Melisse Title Services LLC
Firm/Company

P.O. Box 272152
Address

Tampa, FL 33688
City/State and Zip Code

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

For further information concerning this matter, please call:

Melisse Vivenzio at 813 531-1460
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 (08/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Melisse Title 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:

Made error - Effective Date
This should be 1/1/2011 to start.

OR



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

NOV 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: 11/18/10

Melisse L. Vivenzio

Signature of a member or authorized representative of a member

Melisse L. VIVENZIO

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)