

# L11000033707

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Absolute Residential Solutions, 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:

Susan D Switlick

Name of Person

Absolute Residential Solutions, LLC

Firm/Company

2111 SW 30th Terrace

Address

Cape Coral, FL 33914

City/State and Zip Code

soozq516@embarqmail.com

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

For further information concerning this matter, please call:

Susan Switlick

Name of Person

at ( 239 )

247-4972

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)

**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:  
                                 **Absolute Residential Solution, 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  
**Mis-spelled my name as the Registered Agent Signature as: Suzan D. Switlick**  
**the correct signature should be: Susan D. Switlick**  
\_\_\_\_\_  
\_\_\_\_\_

Dated:                      March 30 ,                      2011 .

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Susan D. Switlick

\_\_\_\_\_  
Typed or printed name of signee

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

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