

L12000045368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

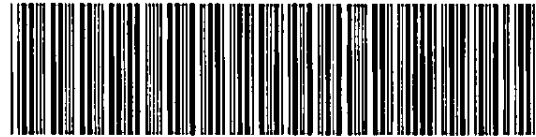
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

17 SEP -5 PM 4:15

DIVISION OF COURT SERVICES

○ SIMMONS
SEP -5 2017

Corrected 8/29/17 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2017

DENISE JAMES
6620 LAKE WORTH RD
STE A
LAKE WORTH, FL 33467

SUBJECT: CLEARVIEW RISK SERVICES, LLC
Ref. Number: L12000045368

We have received your document for CLEARVIEW RISK SERVICES, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 017A00017098

2017 SEP -5 PM 3:07
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clearview Risk Services
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:

Denise L. James

Name of Person

Clearview Risk Services

Firm/Company

6620 Lake Worth, Rd. #A.

Address

Lake Worth, Florida 33467

City/State and Zip Code

djamesNHC@yahoo.com

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

For further information concerning this matter, please call:

Denise James

Name of Person

at (561) 310 7802

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: Clearview Risk Services

SECOND: The Florida Document number of the limited liability company is: 12000045368

THIRD: Document to be corrected is: 12000045368

(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:
Authorized Persons changed from Colleen Howell to The Business Garage.
The change was not made during State filing for years 4/16 and 4/17.
Managing members were listed incorrectly using Sunbiz.org and should be:
DENISE JAMES (MANAGING MEMBER); RONALD LANCLOS (MEMBER)
THE BUSINESS GARAGE (MEMBER).

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.

Denise James 8/29/17
Signature of Authorized Representative Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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