

L12 000135116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

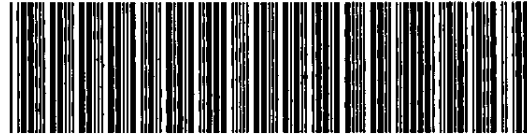
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/12--01005--009 **35.00

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2012 DEC 10 AM 8 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN, - 7 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2012

ANA ROSSI
P.O. BOX 7000033
SAINT CLOUD, FL 34770

SUBJECT: ROSSI SERVICES LLC
Ref. Number: L12000135116

We have received your document for ROSSI SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II

Letter Number: 712A00029500

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rossi Services L.L.C.
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:

Ana Rossi
Name of Person

Rossi Services L.L.C.
Firm/Company

P.O. Box 700033
Address

St. Cloud FL 34712
City/State and Zip Code

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

For further information concerning this matter, please call:

Ana M. Rossi at (407) 4141547
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

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: Rossi Services L.L.C.

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:

The effective date of the business was documented incorrectly.
The incorrect date was placed as 10/23/12, the correct
effective date should be 11/1/2013.

OR

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

Dated: October 23, 2012

A. Rossi

Signature of a member or authorized representative of a member

Ana M. Rossi

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

FILED