

L1300017675

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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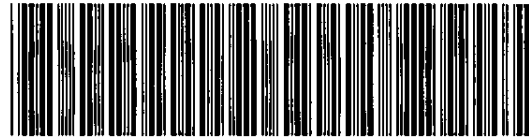
(Business Entity Name)

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SECOND FLORIDA STATE
TALLAHASSEE, FLORIDA

J. Stivers JAN 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

FLORIDA PAINTING COMPANY
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:

ROBERT MOSENSON, S
Name of Person

FLORIDA HOME PAINTING
Firm/Company

1800 N BAYSHORE DR #2104
Address

MIAMI FL 33132
City/State and Zip Code

CARSURGEON444@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MOSENSON at (305) 896-1459
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

**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:

FLORIDA HOME PAINTING

SECOND: Document to be corrected is:

~~ARTICLE~~ MANAGER / MEMBER DETAIL

(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:

SHOULD SAY ROBERT MOSEKSON S.
IN MANAGER / MEMBER DETAIL

OR



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

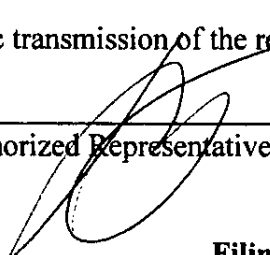
OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

 12/27/13

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