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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Strivers APR 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPECCABLE SERVICES OF NW FLORIDA LLC
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:

J. TRIBBLE

Name of Person

IMPECCABLE SERVICES OF NW FLORIDA

Firm/Company

334 BROOKWOOD BLVD.

Address

MARY ESTHER, FL 32569

City/State and Zip Code

BARNUM567 @ MSN.COM

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

For further information concerning this matter, please call:

J. TRIBBLE

Name of Person

at (850)

Area Code

9783159

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:

IMPECCABLE SERVICES OF NW FLORIDA LLC

SECOND: Document to be corrected is:

ENTITY NAME

(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:

SERVICES IS INCORRECT DUE TO TYPING ERROR

ENTITY NAME SHOULD BE

IMPECCABLE SERVICES OF NW FLORIDA LLC

OR

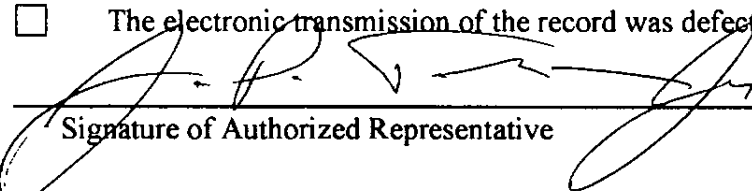


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

4-1-2014
Date

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14 APR -3 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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