

114000102511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

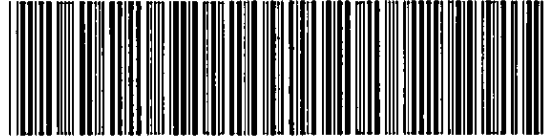
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FSOLA & COMPANY, 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:

FRANK A. SOLA
Name of Person

FSOLA & COMPANY, LLC
Firm/Company

9468 SUAREZ CIRCLE
Address

NEW PORT RICHEY, FL 34655
City/State and Zip Code

FRANK A SOLA AND COMPANY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK SOLA at (508) 978-5809
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ARTICLES OF CORRECTION

For

FSOLA & COMPANY, LLC

Name of Corporation as currently filed with the Florida Dept. of State

L14000102511

Document Number (if known)

Pursuant to the provisions of Section 607.0124 Florida Statutes

These articles of correction correct **Detail by Entity Name**

(Document Type Being Corrected)

filed with the Department of State on **08/31/2021**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Registered Agent Name & Address

SOLA, FRANK A
1136 ASHBOURNE CIRCLE
NEW PORT RICHEY, FL 34655-7103

Authorized Person(s) Detail

Name & Address

Title MGR

SOLA, FRANK A
1136 ASHBOURNE CIRCLE

NEW PORT RICHEY, FL 34655-7103

Title AMBR

SOLA, NANCY C
1136 ASHBOURNE CIRCLE

NEW PORT RICHEY, FL 34655-7103

Correct the inaccuracy, incorrect statement, or defect:

Registered Agent Name & Address

SOLA, FRANK A
9468 SUAREZ CIRCLE
NEW PORT RICHEY, FL 34655-5633

Authorized Person(s) Detail

Name & Address

Title MGR

SOLA, FRANK A
9468 SUAREZ CIRCLE

NEW PORT RICHEY, FL 34655-5633

Title AMBR

SOLA, NANCY C
9468 SUAREZ CIRCLE

NEW PORT RICHEY, FL 34655-5633



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

FRANK A. SOLA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00