

L14000120986

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
14 AUG 11 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Roman Cleaning & Janitorial Services LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Roman

Name of Person

Firm/Company

882 Leeward Dr.

Address

Deltona, FL. 32738

City/State and Zip Code

gazroman20@gmail.com

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

For further information concerning this matter, please call:

George Roman

Name of Person

at (

386

Area Code

848-7701

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: Roman Cleaning & Janitorial Services LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000120986

**THIRD:** Document to be corrected is:  
Electronic Articles of Organization for Florida LLC

**(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:

Upon filing the paperwork I failed to include myself as a AMBR on the form:

The following information should be added the first person on the list for AMBR:

George Roman 882 Leeward Dr. Deltona FL 32738

**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.

**FILED**  
14 AUG 11 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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