

L14000149540

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2014 SEP 29 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Serendipity Housekeeping 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:

Windi D. Clayton
Name of Person

Serendipity Housekeeping LLC.
Firm/Company

9918 Courtney Palms Blvd 103.
Address

Tampa, Florida 33619.
City/State and Zip Code

Serendipity Housekeeping LLC.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Windi Clayton
Name of Person

at (813)
Area Code

294-7154.
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**

FILED
2014 SEP 29 PM 12:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Serendipity Housekeeping LLC.

SECOND: The Florida Document number of the limited liability company is: 214000149540.

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION
Effective Date 10/1/2014.

(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 filing date submitted was incorrect
the effective date should be 10/1/2014
not 11/30/2014.

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.

Wendi Clayton
Signature of Authorized Representative

9/25/14.
Date

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