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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stivers NOV 03 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.A.S.K. SMALL BUSINESS SOLUTIONS 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:

SVETLANA KOUZMOVA

Name of Person

T.A.S.K. SMALL BUSINESS SOLUTIONS LLC

Firm/Company

2820 GRAPHITE CT

Address

VALRICO FL 33594

City/State and Zip Code

svetlana@kouzmoval.com

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

For further information concerning this matter, please call:

SVETLANA KOUZMOVA at (**813**) **685-8870**
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: T.A.S.K. SMALL BUSINESS SOLUTIONS LLC

SECOND: The Florida Document number of the limited liability company is: L14000165849

THIRD: Document to be corrected is:
ENTITY REGISTRATION , ARTICLE OF ORGANISATION

(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:

THIS INCORRECT STATEMENT:

MBR TARAS KOUZMOV

LAST NAME OF LLC'S MEMBER IS MISSPELLED

CORRECT STATEMENT: MBR TARAS KUZMOV

OR

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

FILED
14 OCT 31 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OR

The electronic transmission of the record was defective.

Rey Celed
Signature of Authorized Representative

10/28/2014

Date

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