

C14 000170525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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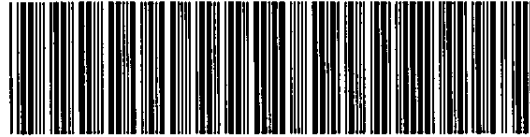
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEL CLEANING 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:

DOROTHY D. MCNEIL

Name of Person

EXCEL CLEANING

Firm/Company

8155 N.W. 14TH PLACE

Address

MIAMI, FLORIDA 33147

City/State and Zip Code

dorothymcneil31@yahoo.com

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

NOTE: I have also
enclosed my
Articles of Organization.
Certificate of Status.
For the update & correction.
for my EIN.

For further information concerning this matter, please call:

DOROTHY

786

406-2593

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

Check Enclosed
\$30.00

CR2E062 (2/14)

**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: EXCEL CLEANING LLC.

SECOND: The Florida Document number of the limited liability company is: L14000170525

THIRD: Document to be corrected is:
ELECTRONIC FILING EFFECTIVE DATE

(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:

EFFECTIVE DATE. PLEASE CORRECT THE EFFECTIVE DATE FROM ~~NOVEMBER~~

November 1, 2014 to January 1, 2015.

OR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

Roxanne D McArthur
Signature of Authorized Representative

12-29-2015
Date

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