## "L14000178205

| (Requestor's Name)                      |                        |      |  |  |
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|   |                        |      |  |  |
| (Cit                                    | y/State/Zip/Phone      | ∋ #) |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL |  |  |
| (Bu                                     | siness Entity Nar      | me)  |  |  |
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| (Document Number)                       |                        |      |  |  |
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## **COVER LETTER**

| TO: Registration<br>Division of C   | Section<br>Corporations                   |                                    |   |  |
|---|---|------------------------------------|---|--|
| TAX C   | CITY LLC                                  |                                    |   |  |
| NODGEOI.  | Name of Limited Liability Company         |                                    |   |  |
| Dear Sir or Madam:  |   |                                    |   |  |
| The enclosed Stateme  | ent of Correction and fee(s)              | are submitted for filing           | g.  |  |
| Please return all corre   | espondence concerning this                | matter to the following            | g:  |  |
| Stefon Pamphile   | •   |                                    |   |  |
| -   | Name of Person                            | <del></del>                        | _   |  |
| Tax City LLC  |   |                                    |   |  |
|   | Firm/Company                              |                                    | -   |  |
| 601 Cassine Dri   | ve  |                                    |   |  |
| ·········   | Address                                   |                                    | -   |  |
| Orlando,FL,328  | 11  |                                    |   |  |
| <del></del>   | City/State and Zip Code                   |                                    | _   |  |
| Spamphile86@g   | gmail.com                                 |                                    |   |  |
| E-mail address:   | (to be used for future annu               | al report notification)            | -   |  |
|   |   |                                    |   |  |
| For further information   | on concerning this matter, p              | olease call:                       |   |  |
| Stefon Pamphile   | •   | 321                                | 557-8516  |  |
| Nar   | ne of Person                              | Area Code                          | Daytime Telephone Number  |  |
| STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3 | ons<br>er Circle<br>32301                 |                                    | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>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,<br>Certificate of Status &<br>Certified Copy   |  |

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. Tax City LLC The name of the limited liability company is FIRST: The Florida Document number of the limited liability company is: L14000178205 **SECOND:** Document to be corrected is: THIRD: Effective Date of 11/17/2014 (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT **V** Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Effective Date Of 11/17/2014. This Statement was incorrect because I did not fully understand what the effective date meant. And i am doing taxes and didnt start effectively until January 6 2015 The Correct Statement is 01/06/2015, I apologize for the inconvenience. <u>OR</u> 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.

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)