

L15000018731

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & C Professional Lawn Care & Maintenance, 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:

Sherry Ellis
Name of Person

A1A Tax & Bookkeeping Inc
Firm/Company

PO Box 1888
Address

Ormond Beach FL 32175
City/State and Zip Code

A1ATaxHelp@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Ellis at (386) 441-1100
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: C&C Professional
Lawn Care and Maintenance LLC

SECOND: The Florida Document number of the limited liability company is: L150000018731

THIRD: Document to be corrected is:
Articles of Organization

(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:

Change Maintenance to correct spelling
Maintenance. The name should be
C&C Professional Lawn Care and Maintenance, LLC

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.

Sherry Ellis
Signature of Authorized Representative

2/2/15
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 23 PM 4:15

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