

L15000025482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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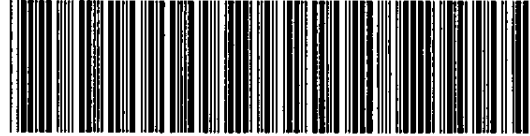
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. G. Sullivan MAR 4 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Cleaning Services, 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:

Wayne Parker

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

16191 SE 84th Terrace

\_\_\_\_\_  
Address

Summerfield, FL, 34491

\_\_\_\_\_  
City/State and Zip Code

wlparkerr@yahoo.com

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

For further information concerning this matter, please call:

Wayne Parker

352

552-8274

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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: Elite Cleaning Services, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000025682

**THIRD:** Document to be corrected is:  
Elite Cleaning Services, LLC

**(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 title and person should be removed—Title AMBR PARKER, REVAE L

there is no ambr...Just the Mgr. Wayne Parker

Please remove the AMBR... Revae L Parker

**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.

Wayne Parker  
Signature of Authorized Representative

Feb 17, 2015

Date

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

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TALLAHASSEE, FLORIDA