

L1500006185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

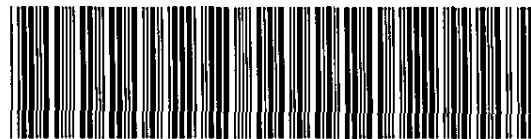
(Business Entity Name)

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DIVISION OF CORPORATIONS

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APR 30 2015  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILKEEN SERVICE 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:

Michael Paxton

Name of Person

WILKLEEN SERVICE SOLUTIONS LLC

Firm/Company

1014 N Black Cherry Dr

Address

St. Johns, FL 32259

City/State and Zip Code

michael@wilkeen.com

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

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15 APR 30 PM 11:52  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Paxton

904

6256189

at ( )

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

CR2F062 (2/14)