

L15000 100091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SOUTHERN FLORIDA
FALL HARBOR, FLORIDA

JUN 18 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serene Pressure Cleaning
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:

Sarah Terrell

Name of Person

Serene Pressure Cleaning

Firm/Company

2193 Big Wood Cay

Address

West Palm Beach FL 33411

City/State and Zip Code

Serenepressurecleaning@gmail.com

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

For further information concerning this matter, please call:

Sarah Terrell

Name of Person

at (561) 420-9189

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: Serene Pressure Cleaning

SECOND: The Florida Document number of the limited liability company is: L15000100091

THIRD: Document to be corrected is:
Articles of Organization 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 document needs to add Sarah Terrell
of "2193 Big Wood Cay, West Palm Beach FL 33411"
as the First 1) AMBR.

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.

J MacTavish
Signature of Authorized Representative

6/12/15
Date

RECEIVED
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TALLAHASSEE, FLORIDA

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