

L15000139916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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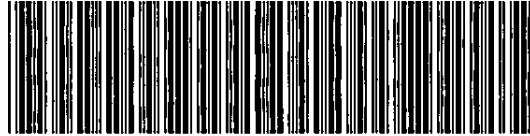
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE FLORIDA

OCT 20 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Perfection 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:

DEMETRIUS A. ROACH

Name of Person

Complete Perfection Services LLC

Firm/Company

419 BLACKBEARD ROAD

Address

SUMMERLAND KEY FL 33042

City/State and Zip Code

droach007@rocketmail.com

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

For further information concerning this matter, please call:

DEMETRIUS ROACH

Name of Person

at (305)

Area Code

304-5647

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2015

DEMETRIUS A ROACH
419 BLACKBEARD ROAD
SUMMERLAND KEY, FL 33042

SUBJECT: COMPLETE PERFECTION SERVICES LLC
Ref. Number: L15000139916

We have received your document for COMPLETE PERFECTION SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please enter the type of document to be corrected in the third section of the form.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00020418

FILED
2015 OCT 19 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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: COMPLETE PERFECTION SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L15000139916

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:

Add - DEMETRIUS ROACH, TITLE AP to LLC
419 BLACKBEARD ROAD, SUMMERLAND KEY FL 33042

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.

[Signature]

Signature of Authorized Representative

10/14/15

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]

Registered Agent's Signature

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