

L15000178878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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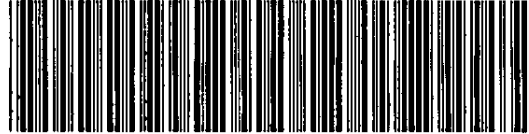
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA COMMERCIAL BUILDING 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:

REBECC TURNER

Name of Person

SOUTH FLORIDA COMMERCIAL BUILDING MAINTENANCE, LLC

Firm/Company

3947 BOULEVARD CENTER DR, STE 100

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

RTURNER@GOCITYWIDE.COM

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

For further information concerning this matter, please call:

REBECCA TURNER at (904) 737-4969

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: SOUTH FLORIDA COMMERCIAL
BUILDING MAINTENANCE, LLC

SECOND: The Florida Document number of the limited liability company is: L15000178878

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:

The member/owner authorized to manage LLC: MGR Rebecca Turner

The new member/owner authorized to manage should be: MGR Cary Fourman

The registered agent is: Cary Fourman. The new registered agent should be: Rebeca Turner

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.

Rebecca Turner

Signature of Authorized Representative

3/17/2016

Date

FILED
15 APR 19 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Rebecca Turner

Registered Agent's Signature

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