

L16 000 144737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

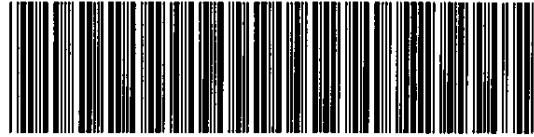
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/16--01030--001 **25.00

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16 SEP 12 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

KATHY JOHNSON
7930 NW 7TH ST #203
PEMBROKE PINES, FL 33024

SUBJECT: NEED INTERPRETING ASSOCIATES, LLC
Ref. Number: L16000144737

2016 SEP 12 PM 4:20
TALLAHASSEE, FLORIDA

We have received your document for NEED INTERPRETING ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 016A00017981

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Need Interpreting Associates, 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:

Kathy Johnson
Name of Person

Need Interpreting Associates, LLC
Firm/Company

7930 NW 7th St #203
Address

Pembroke Pines, FL 33024
City/State and Zip Code

needinterpreting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Johnson at (305) 588-1924
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

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16 SEP 12 PM 12:02
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: Need Interpreting Associates

SECOND: The Florida Document number of the limited liability company is: L 16 000 144 737

THIRD: Document to be corrected is: Florida Limited Liability Company Online Filing

(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:

incorrect statement: Cristina Sullivan

Corrected statement: Cristina T. Sullivan

incorrect statement: Jacqueline Ochoa

Corrected statement: Jacqueline S. Ochoa

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.

Cristina Sullivan
Signature of Authorized Representative

8-17-16
Date

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SEP 12 PM 12:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Kathy Ohner
Registered Agent's Signature

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