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(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	es of Status
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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



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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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Need Interpreting Associates, LL Name of Limited Liability Company	-C
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	
7930 NW 7 th St # 203	
Pembroke Pines, FL 33024 City/State and Zip Code	seon s
need interpreting a gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	PH 12: 02 EFFLORIBA
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 Certificate of Status Certified Copy Certified Copy \$30 Filing Fee & S55 Filing Fee & Certificate of Status & Certified Copy	

CR2E062 (9/15)

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: **SECOND:** The Florida Document number of the limited liability company is: THIRD: (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: Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative 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. gent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)