

L16 000206631

(Requestor's Name)

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O SIMMONS
MAR 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OZone Professional Organizing Residential & Commercial
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:

Teresa Lynne Wiley

Name of Person

OZone Professional Organizers

Firm/Company

5711 Byron Anthony Place Unit 330

Address

Santford FL 32771

City/State and Zip Code

teresa.wiley@outlook.com

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

RECEIVED
2017 MAR 22 AM 11:34
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Teresa Lynne Wiley

Name of Person

at

417

Area Code

620 7681

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: Ozone Professional Organizing
Residential & Commercial Cleaning

SECOND: The Florida Document number of the limited liability company is: LL6006206431

THIRD: Document to be corrected is: ~~Ozone P~~

(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:

Date was signed Nov 8 2016 please change
to January 8 2017

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.

Aria Spivey 2/28/2017
Signature of Authorized Representative 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.

Aria Spivey
Registered Agent's Signature

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