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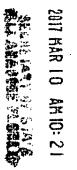
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M. MILLIGAN MAR 1 3 2017:

## **COVER LETTER**

TO: Registration Section Division of Corpora					
SUBJECT: FIX	CAR CI	ENTER ame of Limited Liability	Limited	Lasility	Company
Dear Sir or Madam:					
The enclosed Statement of C	Correction and fee(s) are	e submitted for filing.			
Please return all corresponde	ence concerning this ma	atter to the following:			
AL TR	Iame of Person	SATI_			
	- Limited	hability	Company,		
3543 latu	n Crossing	DR V	201		
Tampa FL	Address 336)2	3			
TROMEBAT		L. com			
	used for future annual r	eport notification)			
813 735	52909				
For further information conc	erning this matter, plea		_		
AL TROM	IEBATI	at (813)	135 2909		
Name of Pe	rson	Area Code	Daytime Telephone Number		
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		Reg Div P.O	dilling ADDRESS: distration Section dision of Corporations display Box 6327 display Box 63214	. •	
Enclosed is a check for the	following amount:				
	30 Filing Fee & ertificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to section 605.0209,	F.S., this document is t	peing submitted to corre	ct a previously filed	document.	
FIRST	The name of the limit	ed liability company is	FIXCar Cen	ter Limited	has lity	Compa
SECO!			e limited liability compo		500020 ability Con	
	(CHECK THE	APPROPRIATE BO	X AND COMPLETE T	THE APPLICABLE	E STATEMENT	/ /
×	statement are as follo	ws:	ect statement, the reason		•	
	incorred	is Fix	Car Conter Liv	nited has	itety Comp	lany.
	Correct is	FIX A C	CAR LLC	<u> </u>		
	OR		······································		,	
	Was defectively signeral as follows:	ed. The manner in which	ch the document was de	fectively signed and	the appropriate co	rrection are
						英心
	OR				S	*
		ission of the record wa		03	,06-17	7
	Signature	of Authorizèd Represen	tative	Da	te	
	re of new registered aging the designation).	gent, if applicable :( NC	OTE: if correcting the reg	gistered agent, the ne	ew registered agen	t must sign
I hereb provision obligati	y accept the appointme ons of all statutes relat ions of my position as a change in the registe	ive to the proper and co registered agent as prov	stered Agent: and agree to act in this complete performance of wided for in Chapter 605 reby confirm that the lin	my duties, and I am 5, F.S. Or, if this doc	familiar with and c rument is being file	accept the ed to merely
	<del></del>	Re	egistered Agent's Signa	ture	<del></del>	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)