

L16000217176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

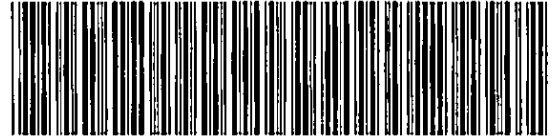
(Document Number)

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2018 JUL 23 PM 4:23  
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JUL 25 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2018

CARMEN ROMERO  
79 LAS BRISAS WAY  
KISSIMMEE, FL 34743

SUBJECT: CENTRAL FLORIDA PTAC, LLC  
Ref. Number: L16000217176

We have received your document for CENTRAL FLORIDA PTAC, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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: 918A00014104

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RECEIVED

2018 JUL 23 AM 11:03

DEPARTMENT OF  
CORPORATIONS  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2018

CARMEN ROMERO  
79 LAS BRISAS WAY  
KISSIMMEE, FL 34743

SUBJECT: CENTRAL FLORIDA PTAC, LLC  
Ref. Number: L16000217176

We have received your document for CENTRAL FLORIDA PTAC, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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: 018A00012502

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RECEIVED

2018 JUL -3 AM 11:21

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENTRAL Florida PTAC, 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:

CARMEN ROMERO

Name of Person

A&A Multi-Services Inc

Firm/Company

79 Las Brisas Way

Address

Ft. Kissimmee, FL 34743

City/State and Zip Code

aamultiservices@gmail.com

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

For further information concerning this matter, please call:

CARMEN ROMERO

Name of Person

at ( 407 ) 201 2036

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

CR2E062 (9/15)

→ PREVIOUSLY SENT

**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: Central Florida PTAC, LLC

**SECOND:** The Florida Document number of the limited liability company is: 16000217176

**THIRD:** Document to be corrected is: Effective Date

**(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:

Effective date of 10/26/15 is incorrect.  
it should be effective on 11/30/2016  
when the conversion was done

**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.

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Registered Agent's Signature

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