

L16000232517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

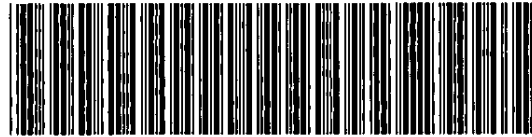
(Business Entity Name)

(Document Number)

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FILED  
17 MAY 15 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

MAY 16 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2017

MAXINE CAMPANELLA  
1481 S. OCEAN BLVD. #313A  
POMPANO BEACH, FL 33062

SUBJECT: POM SERVICES LLC  
Ref. Number: L16000232517

We have received your document for POM SERVICES 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):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00008748

CK #  
1007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POM SERVICES, 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:

MAXING CAMPANELLA  
Name of Person

POM SERVICES, LLC  
Firm/Company

1481 S Ocean Blvd # 313A  
Address

Pompano Beach, FL 33062  
City/State and Zip Code

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

For further information concerning this matter, please call:

PABITRA SINGH at 954, 260-3497  
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

**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: POM SERVICES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000232517

**THIRD:** Document to be corrected is: L16000232517

**(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: DA~~ EFFECTIVE DATE: 12/27/16  
Correct: 1/2/17 EFFECTIVE DATE  
the LLC was to be effective 1/2/17  
OR NO annual report to file for 2017

- ☐ 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.

~~Manoir Compa...~~ 5-10-17  
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.*

~~Manoir Compa...~~  
Registered Agent's Signature

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

FILED  
MAY 15 PM 1:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA