## L17000312870

(Requ	estor's Name)	)			
(Addre	ess)				
- (Addr	ess)				
(City/S	State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



600305216806

11/08/17--01017--002 \*\*55.00

17 NOV 27 PM 12: 43

S. WARREN NOV 3 0 2017



November 9, 2017

APRYL DEVETTE WALKER 10148 DOGWOOD CREEK DRIVE JACKSONVILLE, FL 32222

SUBJECT: XTREME KLEAN PROPERTY MAINTENANCE AND CLEANING

SERVICES, LLC

Ref. Number: L17000212870

We have received your document for XTREME KLEAN PROPERTY MAINTENANCE AND CLEANING SERVICES, LLC and your check(s) totaling \$55.00. 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.

Letter Number: 117A00022767

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

	istration Sec ision of Corp				
Xtreme Klean Property Maintenance & Cleaning Services, L					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Statement c	of Correction and fee(s) a	re submitted for filing.		
Please return	all correspo	ndence concerning this m	natter to the following:		
Apryl	Deve	tte Walker			
	<del>.</del>	Name of Person		•	
Xtreme Kle	an Property	Maintenance & Clean	ing Services, LLC		
·		Firm/Company			
10148	B Dog	wwod Creel	k Drive		
		Address			
Jacks	onville	e, Florida 32	2222		
	Ci	ty/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
aprylv	valker	2014@gma	ail.com		
E-mail	address: (to	be used for future annual	report notification)		
For further in	nformation c	oncerning this matter, ple	ase call:		
Apryl	Deve	tte Walker	407 4	497-8755	
	- N.1	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for	the following amount:			
S25 Filin	g Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 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. Xtreme Klean Property Maintenance & Cleaning Services FIRST: The name of the limited liability company is: The Florida Document number of the limited liability company is: \_\_\_\_ SECOND: I need to Correct the Effective Start Date. - ACA THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Linserted an incorrect Effective Start Date of 01/01/2018. I would Like to Change the Effective Start Date to: 11/01/2017 <u>OR</u> 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 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.

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)