

L1800042485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

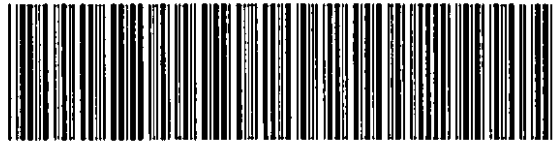
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06/19/19--01012--022 **25.00

FILED
18 JUN 27 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

HOBED FIGUEROA
FIGUEROA HANDYMAN LLC
1611 CANTERBURY ROAD N
ST PETERSBURG, FL 33710

SUBJECT: FIGUEROA HANDYMAN LLC
Ref. Number: L18000142485

We have received your document for FIGUEROA HANDYMAN 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 registered agent must sign accepting the designation.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00012832

RECEIVED
8 JUN 27 PM 12:05
SECRETARY OF
ALLAHAM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FIGUEROA HANDYMAN 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:

HOBED FIGUEROA

Name of Person

FIGUEROA HANDYMAN LLC

Firm/Company

1611 CANTERBURY RD N

Address

ST PETERSBURG FL33710

City/State and Zip Code

hobed72@gmail.com

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

For further information concerning this matter, please call:

Lynda G. Calcano at (**813**) **888-9979**
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$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: FIGUEROA HANDYMAN LLC

SECOND: The Florida Document number of the limited liability company is: L180000142485

THIRD: Document to be corrected is: ARTICLE OF ORGANIZATION

(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:

REGISTERED AGENT FIRST AND LAST NAME IS

- HOBED FIGUEROA

CORRECT MAILING ADDRESS : 1611 CANTERBURY RD N ST. PETERSBURG FL 33710

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.

Hobed Figueroa
Signature of Authorized Representative

06/13/2018
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)