

L19000295010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

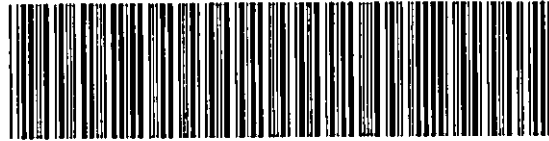
(Business Entity Name)

(Document Number)

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20 JAN-9 PM 1:34  
CORPORATION

FEB 05 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANITA MULTISERVICE & TAXES LLC

\_\_\_\_\_  
Name of Limited Liability Company

RECEIVED  
20 JAN -9 PM 1:34  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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:

Ana G Medrano

\_\_\_\_\_  
Name of Person

Anita Multiservice & Taxes LLC

\_\_\_\_\_  
Firm/Company

2003 Del Prado Blvd S Suit L

\_\_\_\_\_  
Address

Cape Coral Florida 33993

\_\_\_\_\_  
City/State and Zip Code

glendym2015@gmail.com

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

For further information concerning this matter, please call:

Ana G Medrano

239

281-3564

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: ANITA MULTSERVICE & TAXES LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000295010

**THIRD:** Document to be corrected is: NAME OF THE BUSINESS

**(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:

MULTSERVICE. WHEN BUSINESS WAS REGISTER ONE OF THE WORDS WAS MISSPELLED

CORRECT ONE IS MULTISERVICE

**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

01/06/2020

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)**