

L200000 56236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

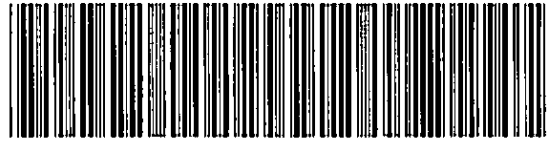
(Business Entity Name)

(Document Number)

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2020 MAR 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 07 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DPS Maintenance  
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:

Daniel Santos  
Name of Person

DPS Maintenance  
Firm/Company

4320 NE 40th Ave  
Address

Ocala, FL 34479  
City/State and Zip Code

Daniel Santos 0309 @ outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Santos at ( 352 ) 299-1270  
Name of Person 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: DPS Maintenance

**SECOND:** The Florida Document number of the limited liability company is: L20000056236

**THIRD:** Document to be corrected is: Authorized Person Detail

**(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) Jessica Brothers, 4320 NE 40<sup>th</sup> Ave Ocala, FL 34479  
incorrect information for Authorized Person Detail  
(correct) Daniel Santos, 4320 NE 40<sup>th</sup> Ave Ocala, FL 34479

**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.

Jessica Brothers  
Signature of Authorized Representative

3/23/20  
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.*

Daniel P Santos  
Registered Agent's Signature

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

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20 MAR 25 AM 11:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA