

L20000057383

(Requestor's Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atkinson Investigation Group
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:

Kathy Atkinson
Name of Person

Atkinson Investigation Group
Firm/Company

1003 Windwood E
Address

Lakeland FL 33801
City/State and Zip Code

Kathy@investigatornow.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Atkinson at (863) 709-4508
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

20 APR 23 PM 4:18
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**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:

Atkinson Investigation Group

SECOND:

The Florida Document number of the limited liability company is:

L200000057383

THIRD:

Document to be corrected is:

Effective Date for filing information

(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:

I meant to put the effective date for the 5 day allowed back date. The date for effective date should be 02/15/2020.
OR can you please correct this error? please...

☐ 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

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.

K. C. C. C. C.

Registered Agent's Signature

4-6-20

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)