

L20 000 183 667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

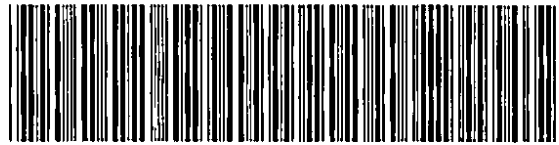
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500348681535

RECEIVED

JUL 14 2020

07/22/20--01022--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 14 PM 4:43

FILED

D BRUCE
AUG 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Service Management Group 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:

Allison Smith
Name of Person

Elite Service Management Group LLC
Firm/Company

822 NE 17th St
Address

Fort Lauderdale FL 33305
City/State and Zip Code

al.smithesq@gmail.com
E-mail address-(to be used for future annual report notification)

FILED
2020 JUL 14 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Allison Smith at (754) 779 1433
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: Elite Service Management Group LLC

SECOND: The Florida Document number of the limited liability company is: 85-1850764

THIRD: Document to be corrected is: Fictitious Name

(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:


The spelling of Management is incorrect. We would like
it corrected to Elite Service Management Group LLC.

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

7/15/20
Date

FILED
2020 JUL 14 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

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)