

L21 000 185353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

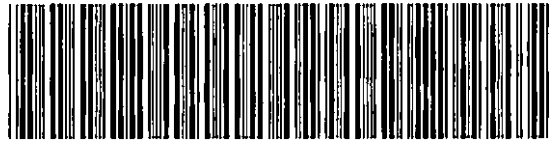
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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05/10/21--01021--031 \*\*60.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY 10 PM 12:07

SUN 23 2021

R. HUNT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Forda Goutters 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:

Greg Accolla

Name of Person

### Central Forda Goutters

Firm/Company

4630 ne 7th st

Address

Ocala/Florida 34470

City/State and Zip Code

c.jenell@yahoo.com

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

For further information concerning this matter, please call:

Greg Accolla

352

2290086

at

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: Central Forda Goutters

**SECOND:** The Florida Document number of the limited liability company is: 12100018353

**THIRD:** Document to be corrected is: LLC Filing

**(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:

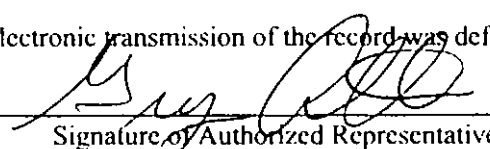
The name of the company is incorrect. It should be Central Florida Gutters LLC instead of Central Forda Goutters.

**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

05/04/2021

Date

2021 MAY 10 PM 12:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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)**

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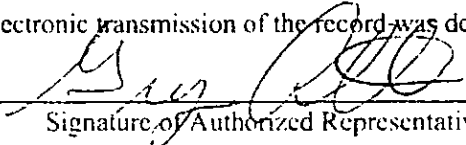
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Certified Copy:                \$30.00 (optional)