L21000452933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-Z TREE AND LANDSCAPING 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:

DANIELLE LAROSA
Name of Person

Firm/Company

8086 HECK DR UNIT 18
Address

NORTH FORT MYERS FL
City State and Zip Code

DLAKAY90@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE LAROSA	239	204-0611
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: A-Z TREE AND LANDSCAPING LLC

SECOND: The Florida Document number of the limited liability company is: L21000452933

THIRD: Document to be corrected is: EFFECTIVE DATE CHANGE

(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 EFFECTIVE DATE NEEDS TO BE CHANGED TO 10/19/2021 OR ASAP

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

☐ The electronic transmission of the record was defective.

10/20/21

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.

Registered Agent's Signature

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