

L21 000452933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

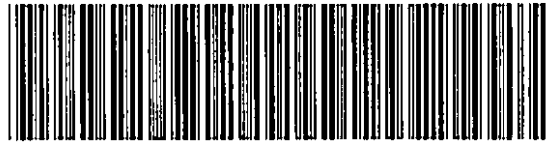
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

NOV 13 2021

Office Use Only



800375392048

10/22/21--01016--007 **25.00

FILED
2021 OCT 22 PM 11:22
DEPT. OF REVENUE
KENTON, KY

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 fees 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 32317

DELIVER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2715 N. Monroe Street, Suite 610
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$50 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**

FILED

2021 OCT 22 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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)