

122000035456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

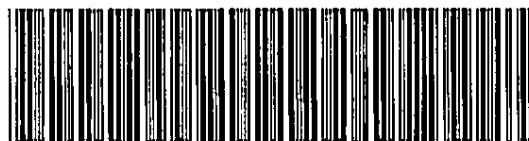
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/22--01012--002 **25.00

FILED
2022 MAY 18 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL

May 10, 2022

MARTINEZ HIDALGO, XIOMARA
1190 WILDWOODLAKES BLVD APT 107
NAPLES, FL 34104

Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314

I am sending this letter so that you can make a correction in my files since three letters appear that are in the Registered Agent Name & Address part, they put this: MARTINEZ HIDALGO, XIOMARA, **SRA**, and also in the Authorized Person(s) part Detail: MARTINEZ HIDALGO, XIOMARA, **SRA**. the letters were added: **SRA**, because of these letters they do not let me open the account in the bank and that is why I want it to be removed.

Registered Agent Name & Address

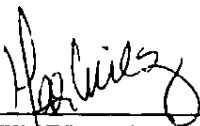
MARTINEZ HIDALGO, XIOMARA, SRA

Authorized Person(s) Detail

MARTINEZ HIDALGO, XIOMARA, SRA

If you have any questions regarding this letter you can contact me at the number that appears on the letter

Sincerely



MARTINEZ HIDALGO, XIOMARA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUDINI CLEAN SERVICES 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:

XIOMARA MARTINEZ HIDALGO

Name of Person

HOUDINI CLEAN SERVICES LLC

Firm/Company

1190 WILDWOODLAKES BLVD APT 107 APT

Address

NAPLES, FL 34104

City/State and Zip Code

xiomara2750@gmail.com

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

For further information concerning this matter, please call:

XIOMARA MARTINEZ HIDALGO

239

2854027

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**

FILED

2022 MAY 18 PM 1:10

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: HOUDINI CLEAN SERVICES LLC

**SECRETARY OF STATE
TALLAHASSEE, FL**

SECOND: The Florida Document number of the limited liability company is: L22000035456

THIRD: Document to be corrected is: _____

(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:

in the part Authorized Person(s) Detail :

Registered Agent Name & Address

MARTINEZ HIDALGO, XIOMARA, SRA

MARTINEZ HIDALGO, XIOMARA, SRA

OR

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

in the part Authorized Person(s) Detail :

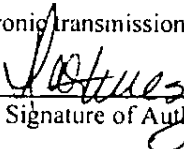
Registered Agent Name & Address

MARTINEZ HIDALGO, XIOMARA

MARTINEZ HIDALGO, XIOMARA

OR

- ☒ The electronic transmission of the record was defective.

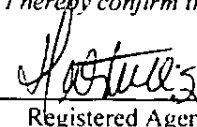

Signature of Authorized Representative

05/10/22
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)