## L22 000431401

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	☐ MAIL
(Business Entity Nar	ne)
(Document Number)	
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## **COVER LETTER**

Division of	Corporations		^
Torres I	Landscaping Maintenance L	L. C.	
SUBJECT:		Name of Limited Liab	pility Company
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	g.
Please return all corre	espondence concerning this	matter to the following	g:
Gustavo Torres Sanc	hez.		
	Name of Person		-
Torres Landscaping l	Maintenance		
	Firm/Company		-
154 NW 69 ST			
	Address		_
Fort Lauderdale			
	City/State and Zip Code		<del>-</del>
saldarriaga.isabel220	2@gmail.com		
E-mail address:	(to be used for future annua	l report notification)	-
For further information	on concerning this matter, p	lease call:	
Isabel Saldarriaga		754 at (	551-0000
Nar	ne of Person	Arca Code	Daytime Telephone Number
P.O. Box	on Section of Corporations		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:		
阪\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			Torres Lands	caping Maintenance L.L.c	ument.	<del>_</del>
SECO THIR				ility company is: L22000431801.		<del></del>
		(CHECK THE APPR	OPRIATE BOX AND CON	<u>1PLETE THE APPLICABLE ST</u>	ATEMENT	
<b>0</b>		ains an incorrect statement are as follows:	nt. The incorrect statement,	the reason the statement is incorrec	et, and the correct	eted E:
	Incon	rect Lanscaping/ correct	name Landscaping		000	_ <u>\$</u> _
	By m	istake I misspelled a letti	r.		2	
					Æ	<u> </u>
	<u>OR</u>				5: 50	<del>-</del> 3 : - :
Ø	as fol			ent was defectively signed and the a		_ _ _
	<u>OR</u>					
Ø	The e	(Sistavo)	of the record was defective.  OTH Source  Drized Representative	Date		_
accept	ing the	designation).		ting the registered agent, the new re	egistered agent r	nust sign
I herel provis obliga reflect	by acceptions of the tions of t	ot the appointment as r all statutes relative to t my position as register ge in the registered off	ie proper and complete perfo ed agent as provided for in C	act in this capacity. I further agree t rmance of my duties, and I am fami hapter 605, F.S. Or, if this docume that the limited liability company he	liar with and ac nt is being filed	cept the to merely
			Registered Agent's Signature			
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		