

H220004268613

**L22 00051313**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000426861 3)))



H220004268613ABC

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HOME RENTALS ASSIST LLC**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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2022 Dec 22 11:02:05

C. BRUMBLEY  
DEC 27 2022

**FILED**

2022 DEC 22 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

H220004268613

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME RENTALS ASSIST 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:

DORIS ORFID GARCIA CASTRO

.....  
Name of Person

.....  
Firm/Company

4971 W SAMPLE RD APT 305

.....  
Address

COCONUT CREEK, FL 33073

.....  
City/State and Zip Code

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

For further information concerning this matter, please call:

DORIS ORFID GARCIA CASTRO

754

457-8925

.....  
Name of Person

at (.....)  
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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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**  
2022 DEC 22 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: HOME RENTALS ASSIST LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000515313

**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:

WE WANT TO CHANGE THE EFFECTIVE DATE, TO 01/01/2023

**OR**

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

**OR**

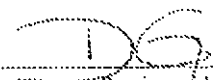
- ☐ The electronic transmission of the record was defective.


12/22/2022  
 \_\_\_\_\_  
 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)

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