

L23000386725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

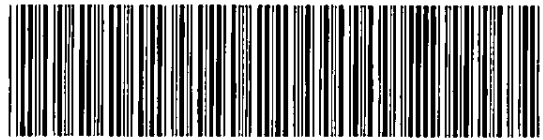
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900414503899

08/28/23--01020--024 **25.00

2023 AUG 28 PM 12:40
DIVISION OF CORPORATIONS
STATE OF NEW YORK

RECEIVED
08/28/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE LEON 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:

HERMAN TOMAS DE LEON

Name of Person

DE LEON LANDSCAPING LLC

Firm/Company

11060 TORCHFIRE TRL

Address

BONITA SPRINGS, FLORIDA 34135

City/State and Zip Code

TOMASDELEON1975@GMAIL.COM

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

For further information concerning this matter, please call:

HERMAN TOMAS DE LEON

239

286-3328

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

2023 AUG 28 PM 12:40

Division of Corporations
Tallahassee, FL

**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: DE LEON LANDSCAPING LLC

SECOND: The Florida Document number of the limited liability company is: L23000386725

THIRD: Document to be corrected is: DE LEON LANDSCAPING LLC

(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:

I NEED TO CORRECT THE ADDRESS FOR LLC. BOTH MAILING AND STREET ADDRESS, REGISTERED
AGENT, THE AMBR, AUTHORIZED REPRESENTATIVE. ALL THE ADDRESS ARE MISSING THE R'
IT SHOWS TOCHFIRE TRL. THE CORRECT AND LEGAL STREET NAME IS TORCHFIRE TRL.

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.

Signature of Authorized Representative

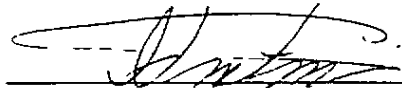
Date

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATE &
2023 AUG 28 PM 12:40

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)