

L24 000 190 617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

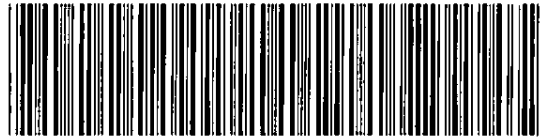
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY -6 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

keys mobile detailing llc

**SUBJECT:** \_\_\_\_\_  
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:

David Fertel

Name of Person

keys mobile detailing llc

Firm/Company

120 sands lane

Address

layton florida 33001

City/State and Zip Code

davefertei@gmail.com

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

For further information concerning this matter, please call:

David Fertel

561

254-0469

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

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SECRETARY OF STATE  
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: keys mobile detailing llc

**SECOND:** The Florida Document number of the limited liability company is: 1.24000190617

**THIRD:** Document to be corrected is: 1.24000190617

**(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:

effective date of 06/01/2024 is incorrect      it should be the filed date of 04/23/2024 or the day of correction

**OR**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

- ☒ The electronic transmission of the record was defective.

\_\_\_\_\_ 5/2/2024

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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TALLAHASSEE, FL