

L24000384697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

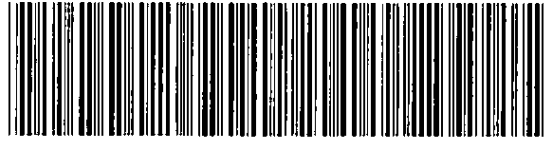
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900437461569

2024 NOV 12 AM 11:51

STATE
TALLAHASSEE, FLORIDA

2024 NOV 12 AM 11:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Wildlife Removal 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:

Jeffrey Econom

Name of Person

Absolute Wildlife Removal LLC

Firm/Company

10050 Crews Rd

Address

Glen St Mary, FL 32040

City/State and Zip Code

jeffeconom1961@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Econom

904

625-8863

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

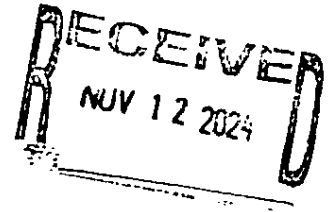
☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2024

JEFFREY ECONOM
10050 CREWS ROAD
GLEN ST MARY, FL 32040



SUBJECT: ABSOLUTE WILDLIFE REMOVAL LLC
Ref. Number: L24000384692

We have received your document for ABSOLUTE WILDLIFE REMOVAL LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Complete the letters in the incorreced statement paragraph. The first two lines were cut off.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 224A00023455

UNDER TITLE MANAGER IT HAS SHARON ECONOM IN BOTH SPOTS. AS THE REGISTERED AGENT. JEFF ECONOM SR SHOULD BE LISTED AS ONE OF REGISTERED AGENTS, SO I CAN OPEN A BUSINESS ACCOUNT. BECAUSE THE BANK WILL NOT LET ME OPEN AN BUSINESS ACCOUNT WITH SHARON ECONOM (SPOUSE) IN BOTH TITLE MANAGER SPOTS.

**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: Absolute Wildlife Removal LLC

SECOND: The Florida Document number of the limited liability company is: L24000384692

THIRD: Document to be corrected is: L24000384692

(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:

Under Title Manager it has Sharon Econom in both spots. as the registered agent Jeffrey Econom Sr should be listed

as one of the title agents so i can open a business bank account to start this business. because, the bank wont let me open an
WITH SHARON in both Title Manager spots Account

OR

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

FILED
2024 NOV 12 AM 11:51
TALLAHASSEE, FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

[Signature] 11/6/24
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.

[Signature]
Registered Agent's Signature