

M19 000007865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

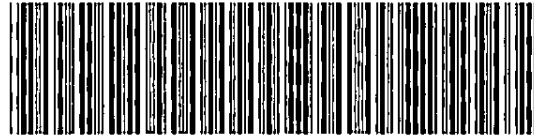
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FILED

2020 DEC 18 P 2:21

CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

LLC  
Art. of Correction

JAN 25 2021

D CONNELL



2020-12-09 12:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2020

WILLIAM J. MCGLINCHEY  
6822 22ND AVE. N.  
#410  
ST. PETERSBURG, FL 33710

SUBJECT: AIR CLEANING SOLUTIONS LLC  
Ref. Number: M19000007865

We have received your document for AIR CLEANING SOLUTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at [www.sunbiz.org](http://www.sunbiz.org), click on 'Reinstatement' under the filing services menu and then follow the instructions.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2020 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our [www.sunbiz.org](http://www.sunbiz.org). Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

The total amount due to reinstate is \$238.75. *Paid online*

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 920A00022068

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Air Cleaning Solutions LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J McGlinchey

\_\_\_\_\_  
Name of Person

Air Cleaning Solutions LLC

\_\_\_\_\_  
Firm/Company

9800 4th St Suite 200

\_\_\_\_\_  
Address

St Petersburg, FL 33702

\_\_\_\_\_  
City/State and Zip Code

bill.mae@aircleaningsolutions.com

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

For further information concerning this matter, please call:

William J McGlinchey

281

2240205

\_\_\_\_\_  
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

**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: Air Cleaning Solutions LLC

**SECOND:** The Florida Document number of the limited liability company is: 300332673833

**THIRD:** Document to be corrected is: Foreign LLC (Company Number M19000007865)

**(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:

address is corrected as follows:

9800 4th St Suite 200

St Petersburg, FL 33702

**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.

Wm McBlumby  
Signature of Authorized Representative

12/16/2020  
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.*

Wm McBlumby  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)