

L04000051070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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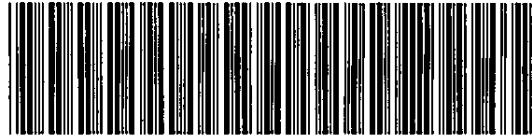
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Burch AUG 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: George K. Brew PL

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:

GEORGE K. BREW

Name of Person

LAW OFFICE OF GEORGE K. BREW

Firm/Company

6817 SOUTHPOINT PKWY #1804

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

GEORGE.BREW@BREWLANFIRM.COM

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

For further information concerning this matter, please call:

GEORGE K. BREW at

Name of Person

(904)

Area Code

354-4741

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: George K. Brew PL

SECOND: The Florida Document number of the limited liability company is: L04000051070

THIRD: Document to be corrected is:
Annual Report

(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:

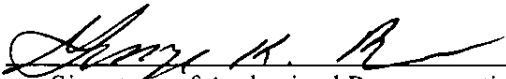
FEI 59-3345974 is no longer correct. Should be 55-0878409 This the IRS F

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

7-18-14
Date

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

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