L04000051070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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@BREWLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE K. BREW at (904) 354-4741
Name of Person Area Code 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

CR2E062 (2/14)

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

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TALLAHASSEE, FLORIDA

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: 7-18-14

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

CR2E062 (2/14)