

L10000070660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

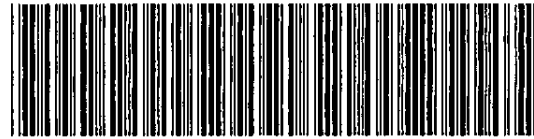
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200297125752

04/27/17--01028--008 \*\*25.00

FILED

17 APR 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 2 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Shore Food Group, 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:

**John C. Dent, Jr.**

Name of Person

**Dent & McClain, Chartered**

Firm/Company

**3415 Magic Oak Lane**

Address

**Sarasota, FL 34232**

City/State and Zip Code

**jdent@dentmcclain.com**

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

For further information concerning this matter, please call:

**John C. Dent, Jr.**

Name of Person

at ( **941** )

Area Code

**952-1070**

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 (9/15)

FILED  
17 APR 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Shore Food Group, LLC

**SECOND:** The Florida Document number of the limited liability company is: L10000070660

**THIRD:** Document to be corrected is: Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company

**(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:

#3 has the incorrect date the manager/member withdrew as 06/04/2017. It was a typographical error. The correct date is 04/04/2017.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

4/26/17  
Date

FILED  
17 APR 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**