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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Main Street Provisions, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jody D. Radcliff, CPA Name of Person Jody D. Radcliff CPA, LLC Firm/Company 729 Beville Rd. Address South Daytona, FL 32119 City/State and Zip Code jody.radcliff@jodyradcliffcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jody D. Radcliff Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

\$60 Filing Fee,

Certificate of Status & Certified Copy

CR2E062 (4/13)

S25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

□ \$30 Filing Fee &

Certificate of Status

□ \$55 Filing Fee &

Certified Copy

Tallahassee, Florida 32301

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST Main	: The name of the Street Provisions, LL	ne limited liability comp	pany is:				
SECO		organization or the app	olication to transact	business			
(CH	IECK THE APPROPRI	ATE BOX AND COM	PLETE THE APPLI	CABLE STATE	MENT		
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement incorrect, and the corrected statement are as follows:  Incorrect Address listed for Registered Agent and Members. Incorrect a						
	206 Inverness Way NE, Winter Haven, FL 33881. Outdated tax records were						
	relied upon in the filing of the Articles. The correct address for the Registered						
Agent and Members is: 803 Hart Lake Street, Winter Haven, FL 33884							
	OR Was defectively signed the appropriate correct	defectively sign	ned and				
				-	20:		
					28.13 NO 1 14		
				, s			
Dated:	November 1		2013	2.	21 55 157		
	J P. C. Signature of	n member or authorized		member			
	Peter Quinon		i representante or a	member			
		Typed or printed na	me of signee				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (options	<b>l</b> )			