

L14000002317

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TALLAHASSEE, FLORIDA

I Bush JAN 28 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Less of Tampabay 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:

Joseph N. Perlman, Esquire

Name of Person

Joseph N. Perlman PA

Firm/Company

1101 Belcher Road S Ste B

Address

Largo, FL 33771

City/State and Zip Code

sadie@perlmanlawfirm.com

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

For further information concerning this matter, please call:

Joseph N. Perlman

Name of Person

at (727) 536-2711

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

**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:

Less of Tampabay LLC

SECOND: Document to be corrected is:

L14000002317

(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:

Eric Wood was spelled incorrectly it should be spelled

Erik Wood

OR

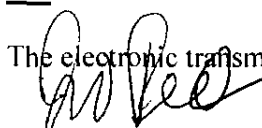


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

1/17/19
Date

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14 JAN 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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