

L140000014290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

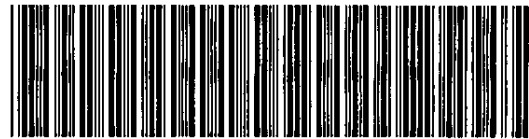
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT
N. DISTRICT OF CALIF.

B. BOSTICK

FEB 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Taxi 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:

Terekhin Vladimir

Name of Person

Firm/Company

310 Vinings way blvd apt 8308

Address

Destin FL 32541

City/State and Zip Code

Legacytaxi@yahoo.com

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

For further information concerning this matter, please call:

Terekhin Vladimir

Name of Person

at

850

Area Code

502 3394

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 (12/13)

FILED
2014 FEB 14 P 12:22
CLERK 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:

Legacy Taxi LLC L14-14290

SECOND: Document to be corrected is:

name of the 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:

need to change name of the company
from Legacy Taxi to Legacy Shuttle Services, LLC
due to wrong chosen name. Please correct
name to Legacy Shuttle Services, LLC
Thank you

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

02/10/2014

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