

L14000019727

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hard to Kill Industries, 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:

Lisa Zepeda

Name of Person

One Stop Legal Services

Firm/Company

2101 Vista Parkway, Ste 120

Address

WPB FL 33411

City/State and Zip Code

lisa@1stoplegalservices.com

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

For further information concerning this matter, please call:

ONE STOP LEGAL SERV at 561 478-7441

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

**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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
Hard to Kill Industries, LLC

SECOND: Document to be corrected is:
L14000019727

(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:

ERROR IN ADDRESS:

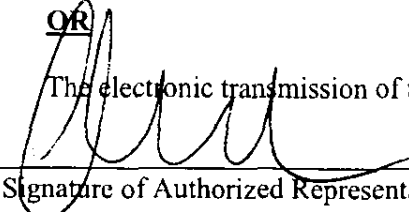
CORRECT ADDRESS:

1081 SOUTH KIRKMAN ROAD, APT 166

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

2/6/2014
Date

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