L140000035383

(Ře	equestor's Name)						
(Address)							
(Ac	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2016

DUANE SWANIEC 6821 INDUSTRIAL AVENUE PORT RICHEY, FL 34668

SUBJECT: MY TURTLE STORE LLC

Ref. Number: L14000025283

We have received your document for MY TURTLE STORE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Statement of correction can only correct 1 document. Please list one year on the form and return. To correct both, a second form and additional check for \$25.00 must be sent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 916A00004083

COVER LETTER

Division of Corporations										
SUBJECT: MY TUTTLE	Store	110.								
SUBJECT: Name of Limited Liability Company										
D 0' 14 1										
Dear Sir or Madam:										
The enclosed Statement of Correction and fee(s) ar	e submitted for filing.									
Please return all correspondence concerning this m	atter to the following:									
DUANE SWANIEC										
Name of Person	Commence and the second se									
MY TUTLE Store	LLC									
Firm/Company										
6821 INDUSTRIAL	Ave,									
, Address	and the state of t									
POTT RICHEY, FL.	34668									
City/State and Zip Code										
dSWANIEC OVERIZON, NET										
E-mail address: (to be used for future annual	report notification)									
For further information concerning this matter, plea	ase call:									
DUANE SWANIEC	at (727)	847-5955								
Name of Person	Area Code	Daytime Telephone Number								
	_	A. M. MAC. A DED MICO								
STREET/COURIER ADDRESS: Registration Section	•	1AILING ADDRESS: .egistration Section								
Division of Corporations Division of Corporations										
Clifton Building	.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32301	T	allahassee, Florida 32314								
Enclosed is a check for the following amount:										
\$25 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy								

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	: The name of the limited lia	•	-, .	•	_			
SECO	ND: The Florida Docum	nent number of the lir	nited liabilit	company is:	L14000	xo 25	283	
THIR	2: Document to be co	rrected is: <u>2015</u>	ALL	2016	ANNU	AL /	Reports	
	(CHECK THE APP	ROPRIATE BOX A	ND COMPL	ETE THE AP	PLICABLE	STATE	MENT	
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, an statement are as follows:								
						2016		
					ETAS	-63		
		······································			733. 133.	Δ ·	[
	<u>OR</u>				STATE	ô.	D	
B	Was defectively signed. Thas follows:	e manner in which th	ie document	was defectively	signed and the	ne approj	priate correction an	
	THE SIGNING	15 INCOL	rect	For Bo	# 20)15 d	2016	
	ANNUAL REPO	MTS AND	THE	correc	T 5191	UING	15:	
	DUANE Su	ANIEC (DWNE	* PIC	sibeNT			
	<u>OR</u>						* 4 m ·	
图	The electronic transmission	of the record was def	fective.					
	Signature of Auth	orized Representative			2-/8- Date	2016	>	
Signatu	re of new registered agent, if	•						

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

Filling Hee: Certified Copy:

\$25.00

\$30.00 (optional)