

L14000028033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

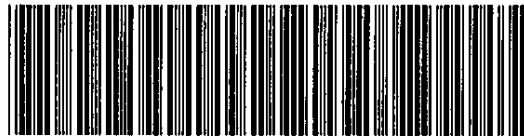
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

NSB PARCEL DEPOT, 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:

ERIKA ESTRADA

Name of Person

NSB PARCEL DEPOT, LLC

Firm/Company

2215 OLD MISSION RD

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

erika.yest@yahoo.com

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

For further information concerning this matter, please call:

Erika Estrada

Name of Person

at

813

Area Code

3912452

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)

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:

NSB PACEL DEPOT, LLC L14000028033

SECOND: Document to be corrected is

Articles of organization

(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:

SPELLING CORRECTION ON THE
NAME. NSB PARCEL DEPOT, LLC.

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 _____

2014 FEB 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DELETED

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