

L14000030017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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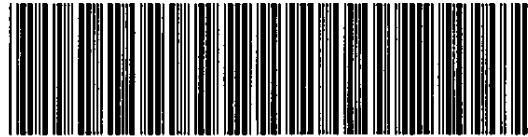
(Business Entity Name)

(Document Number)

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2014 MAR 21 PM 1:01

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B. BOSTICK

MAR 27 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVE THY BEACH

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 VEDOVINO

Name of Person

LOVE THY BEACH

Firm/Company

133 N POMPANO BEACH BLVD apt# 1201

Address

POMPANO, FLORIDA 33062

City/State and Zip Code

VEDOVINOJ@YAHOO.COM

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

For further information concerning this matter, please call:

JOSEPH VEDOVINO

914

523-3080

at (_____) _____

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

#268

CR2E062 (2/14)

2014 MAR 21 P 1:01
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**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: LOVE THY BEACH

SECOND: The Florida Document number of the limited liability company is: L14000030017

THIRD: Document to be corrected is:
ARTICLE IV

(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:


CORRECT SPELLING OF MY NAME IS, JOSEPH VEDOVINO

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.

 Joseph VEDOVINO MARCH 14, 2014
Signature of Authorized Representative Date

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