

L140000035299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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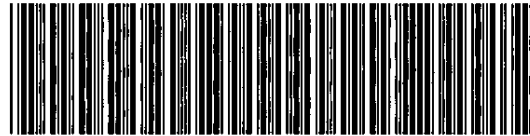
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWERSPORTS UNLIMITED 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:

Derek B. Spilman

Name of Person

DBSPA

Firm/Company

4215 Miller Drive

Address

St. Pete Beach FL 33706

City/State and Zip Code

dbspalaw@gmail.com

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

For further information concerning this matter, please call:

Derek B. Spilman

at (727) 3679777

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.

FIRST: The name of the limited liability company is: POWERSPORTS UNLIMITED LLC

SECOND: The Florida Document number of the limited liability company is: L14000035299

THIRD: Document to be corrected is:
Electronic Articles of Organization For Florida Limited Liability 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:

Title: AMBR -----> [none/delete]

LOUIS P COMEAU -----> [none/delete]

1200 34TH STREET SOUTH -----> [none/delete]

ST PETERSBURG, FL. 33711 -----> [none//delete]

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.

March 18, 2014

Signature of Authorized Representative

Date

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

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TALLAHASSEE, FLORIDA
STATE