

L14 000060294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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B. BOSTICK

APR 29 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnny's Dockside Pros, 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:

Johnny G. Baker
Name of Person

Johnny's Dockside Pros, LLC.
Firm/Company

6367 Kearce Street
Address

Orlando, FL 32807
City/State and Zip Code

johnnyblv1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Baker at (386) 479-8789
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

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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: Johnny's
Dockside Pros, LLC

SECOND: The Florida Document number of the limited liability company is: L14000060294

THIRD: 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:

Corrected Statement / Addition to Authorized
Person(s) Detail:

Title MGR/owner, Johnny Baker,
6367 Kearce Street, Orlando, FL 32807

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.

Marcanda Baker, MGR 04/19/2014
Signature of Authorized Representative Date

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