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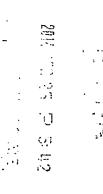
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Sohny'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:			
Sohny G. Baker Namo of Person			
Johnny's Dockside Pros, LLC.			
6367 Hearce Street Address			
Orlando, FL 32807 City/State and Zip Code			
Sohnnyblv1 @gmail.com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	,		
Sohnny Baker at (386) 479-8789 Name of Person Area Code Daytime Telephone Number	l .		
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 \$\ \text{Certificate of Status} \text{ \$\subseteq \$55 Filing Fee & Certified Copy} \text{ \$\subseteq \$60 Filing Fee, Certified Copy} \text{ \$\subseteq \$\text{Certified Copy} \text{ \$\subseteq \$\text{Certified Copy} \text{ \$\text{Certified Copy} \$\text{Ce			

CR2E062 (2/14)

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. The name of the limited liability company is: Shows FIRST: ockside Pros LLC The Florida Document number of the limited liability company is: <u>L1400066294</u> **SECOND:** Document to be corrected is: THIRD: (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: rement/Addition to the MGR/owner, Johnny Baker, 6367 Kearce Street Orlando, FL 32807 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective.

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Signature of Authorized Representative