

W4000062397

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rocket Surgeon 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:

Stratton Smith, Esq.

Name of Person

Stratton Law Firm

Firm/Company

611 W. Azeele Street

Address

Tampa, Florida 33606-2205

City/State and Zip Code

stratton@strattonlaw.com

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

For further information concerning this matter, please call:

Susan Smith

813

251-1624

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

**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: Rocket Surgeon LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000062397

**THIRD:** Document to be corrected is:  
Name of Manager \_\_\_\_\_

**(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 of Managing Company name is incorrect. Should be:

Stratosphere Holdings, 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

4-22-2014

Date

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

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14 APR 22 AM 10:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA