

214 0000 64696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Shivers MAY 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Savor the flavor Catering, 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:

Marina Ashman
Name of Person
Correct: Savor the flavor Catering LLC
Firm/Company
9148 Carma Dr.
Address
Boynton Bch, FL 33472
City/State and Zip Code
marshman1968@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Ashman at (561) 396.6935
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: Savor the Flavor Catering LLC

SECOND: The Florida Document number of the limited liability company is: L14000064696

THIRD: Document to be corrected is:
Savor The Flavor Catering LLC

(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:

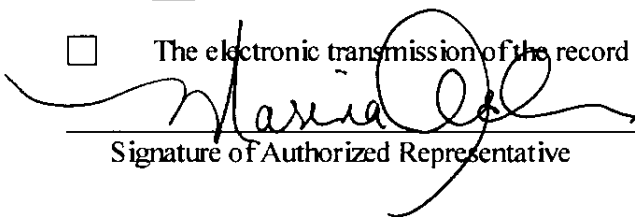
incorrect company name:
Savor the Flavor Catering LLC

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

4/24/14
Date

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

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14 MAY -5 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA