

L14000109239

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

AUG - 6 2014

T. BROWN

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: A Plus Preservation 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:

Larry D. Davis  
Name of Person

A Plus Preservation  
Firm/Company

5626 Oakwood Knoll Dr  
Address

Lakeland, Florida 33811  
City/State and Zip Code

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

For further information concerning this matter, please call:

Larry Davis at ( 863 ) 808-3982  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2014

A PLUS PRESERVATION LLC.  
LARRY D. DAVIS  
5626 OAKWOOD KNOLL DR.  
LAKELAND, FL 33811

SUBJECT: A PLUS PRESERVATION LLC.  
Ref. Number: L14000109239

We have received your document for A PLUS PRESERVATION LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 714A00015820

**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: A Plus Preservation LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000109239

**THIRD:** Document to be corrected is:

**(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:

Correct Name is Michael T. Gordon  
spelling

**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.

Sherry O Davis  
Signature of Authorized Representative

7-28-2014  
Date

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

**FILED**  
14 AUG -5 PM 1:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA