

L 14 000110675

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E. Burch JUL 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BWMOTORSPORTS

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:

Brad Watts

Name of Person

BW Motorsports

Firm/Company

520 45th AVE N

Address

St. Petersburg, FL 33703

City/State and Zip Code

bradwatts87@yahoo.com

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

For further information concerning this matter, please call:

Brad Watts

Name of Person

at (727) 771-5088

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: BWMOTORSPORTS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000110675

THIRD: Document to be corrected is:

The Name of the company needs to have a space in the name.

(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:

I need the name of the LLC to be:
BW Motorsports, LLC It needs to be two
separate words.

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]
Signature of Authorized Representative

7/21/14
Date

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

14 JUL 28 PM 1:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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