

L14000117182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19000 AUG 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Divinty Fitness 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:

Schuyler Schmidt

Name of Person

Divinty Fitness LLC

Firm/Company

677 Box Branch Cir

Address

Saint Johns/ FL 32259

City/State and Zip Code

schmidt.2005@hotmail.com

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

For further information concerning this matter, please call:

Schuyler Schmidt

904

599-5828

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

CR2E062 (2/14)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2014

SCYUYLER SCHMIDT
677 BOX BRANCH CIR
SAINT JOHNS, FL 32259

SUBJECT: DIVINTY FITNESS, LLC
Ref. Number: L14000117182

We have received your document for DIVINTY FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 114A00016838

**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: Divinty Fitness LLC

SECOND: The Florida Document number of the limited liability company is: L14000117182

THIRD: Document to be corrected is:
Company 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:

Incorrect spelling of name would like it change it to, Divinity Fitness LLC, Divinity
was misspelled in last application

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

7/29/2014

Date

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

FILED
AUG 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA