

L14000 122179

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(City/State/Zip/Phone #)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Limitless Restaurant Group 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:

Aaron Simmons  
Name of Person

Limitless Restaurant Group LLC  
Firm/Company

343 Gladesdale Street.  
Address

Haines City, FL 33844  
City/State and Zip Code

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

For further information concerning this matter, please call:

Aaron Simmons at (954) 410-3189  
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: Limitless Restaurant Group

**SECOND:** The Florida Document number of the limited liability company is: L14000122179

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

LLC Article of Organization

**(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:

MGR Tajima Dowdy 343 Gladesdale Street Gaines City, FL 33844

The person listed above was not to be listed on  
LLC document. Please remove above named person.

**OR**



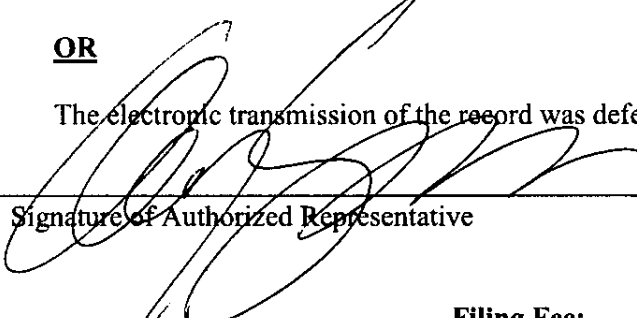
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

  
Signature of Authorized Representative

August 4, 2014  
Date

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