

L14 000 144609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

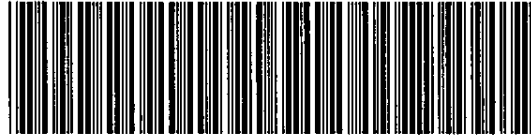
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200266157632

11/12/14--01020--012 **55.00

FILED
14 NOV 12 AM 10:37
SECRETARY OF STATE
ALABAMA
TALLAHASSEE, FLORIDA

J. Shivers NOV 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIKES CUSTOMS 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:

BRADLEY SPENCER
Name of Person

SPIKES CUSTOMS LLC
Firm/Company

4412 SW GADSHAW ROAD
Address

PORT SAINT LUCIE, FL 34953
City/State and Zip Code

spikescustoms2014@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Decker at (434) 209-4767
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: SPIKES CUSTOMS LLC

SECOND: The Florida Document number of the limited liability company is: L14000144609

THIRD: Document to be corrected is:

FLORIDA LIMITED LIABILITY COMPANY- ARTICLE V

(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:

① INCORRECT → JULIE DECKER (PUT 2 NAMES TOGETHER)

② CORRECT → MICHELLE DECKER

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

Michelle Decker

Date

11-7-2014

Brad Spencer 11-7-14

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)

FILED
14 NOV 12 AM 10:37
SECRETARY OF STATE
ALLAHABAD, FLORIDA