

L14 000157186

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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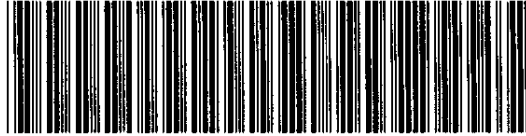
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riptide Brewing, 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:

Robert G. Menzies

Name of Person

Firm/Company

5013 Maxwell Circle, #101

Address

Naples, FL 34105

City/State and Zip Code

rmenzies9@comcast.net

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

For further information concerning this matter, please call:

Robert G. Menzies

Name of Person

at (239)

Area Code

293-3945

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: Riptide Brewing, LLC

SECOND: The Florida Document number of the limited liability company is: L14000157186

THIRD: Document to be corrected is:
2015 Annual Report

(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:

There are 2 Managing Members: Robert G. Menzies 5013 Maxwell Circle, #101 Naples, FL 34105 AND Scott D. Alexander 10177 Boca Circle Naples, FL 34109. The principal place of business and mailing address is: 987 Third Ave. North, Naples, FL 34102

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

Date

7-7-15

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