

L14000177579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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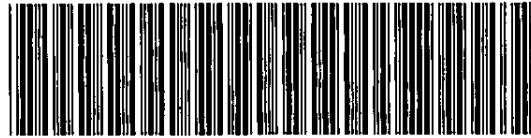
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers DEC 16 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Knot Tide Down 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:

**Mark Winslow**

Name of Person

**Knot Tide Down LLC**

Firm/Company

**3333 S Atlantic Ave #1401**

Address

**Daytona Beach Shores, FL 32118**

City/State and Zip Code

**Jazz4Fitness@aol.com**

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

For further information concerning this matter, please call:

**Mark Winslow**

**601**

**466-4875**

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)

**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: Knot Tide Down LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000173579

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

**(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:

The effective date needs to be changed from 1/1/2015 to 11/10/2014.

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

**OR**

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

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

FILED  
12 DEC 10 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OR**

- ☐ The electronic transmission of the record was defective.

Mark W. Jackson  
Signature of Authorized Representative

12/7/14  
Date

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