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G. HARVEY
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EXAMINER

## **COVER LETTER**

<b>TO:</b> Registration Division of	n Section , Corporations					
Law (	OFfice of T. Jerry Sn	ider	·			
30bJEC1	, <u></u>	Name of Limited Lial	pility Company	<del></del>		
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	g.			
Please return all corr	respondence concerning this	matter to the followin	g:			
Jerry Snider						
	Name of Person		_			
Law Office of T	Jerry Snider					
	Firm/Company		_			
12138 Cattail D	rive West					
	Address		_		14	
Jacksonville, Fl	L 32223			TRITTI March	Z AOF	1 ***
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E-mail address:	: (to be used for future annu	al report notification)	_			الم عمر دو ا
For further informati	on concerning this matter, p	please call:				
Jerry Snider		904	910 1511			
Na	me of Person	Area Code	Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		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

Pursu	ant to s	ection 605.0209, F.S., this document is being submitted to correct a previously file					
<u>FIRS</u>	The name of the limited liability company is: Law OFfice of T. Jerry Snide		<u>L.L.</u>	<u>に</u> . —			
SECOND: THIRD:		The Florida Document number of the limited liability company is: 4400180687  Document to be corrected is:					
	<u>(C)</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	<u>EMENT</u>				
<b>/</b>		nins an incorrect statement. The incorrect statement, the reason the statement is in cted statement are as follows:	correct,	and the			
	Date	of company start up should be 11/25/14 instead of 1/1/15	<b>1</b> 5 H	•			
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		defectively signed. The manner in which the document was defectively signed and etion are as follows:	d the ap	propriate			
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	The e	lectronic transmission of the record was defective.					
		71/25-14					
S	ignature	of Authorized Representative Date					

Filing Fee: Certified Copy:

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\$30.00 (optional)