4000189310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/2ip/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN EXAMINER FEB 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2014

GIMME A BRAKE! MOBILE AUTO REPAIRS LLC 13413 WHITEHAVEN CT SPRING HILL, FL 34609 US

SUBJECT: GIMME A BRAKE! MOBILE AUTO REPAIRS LLC

Ref. Number: L14000189310

Pursuant to our telephone conversation of December 23, 2014, I am enclosing a statement of correction form for your convenience.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 214A00027101

15 FEB -5 AM IO: 00

JEBOAR C. WORKERGIAL
BUREAU SF COMMERCIAL

COVER LETTER

TO: Registration Section Division of Corporations	2				
SUBJECT: GIMME ABrabe! Mobile Ato Repairs LCC					
Name of Limited Lia	bility 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:					
Joseph Goron	_				
Ginne A Brale Mobile Avtu Repairs					
13413 Mitcheren CF	_				
Spring Hill Fl 34609 City/State and Zip Code	_				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Joseph Goron at (37) 330 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 \$\to\$ Certificate of Status \$55 Filing Fee \$\text{Certified Copy}\$	☐ \$60 Filing Fee, Certificate of Status & Certified Copy				
CR2E062 (2/14)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	at to section 605.0209, F.S., this document is being submitted to correct a previously filed	A	_	
FIRST:	The name of the limited liability company is: GIMUEABRALE! MOBILE	- Hun	<u>u</u> la _n a	ıſ
SECON	The Florida Document number of the limited liability company is:	189	<u>-</u> 310 °	
THIRD	Document to be corrected is: Acticles of organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	- IENT		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrected statement are as follows: Effective date was incorrect lasted as 12/1/20 The Correct effective date Showlo be: 61/62		and the	,
	OR Was defectively signed. The manner in which the document was defectively signed and t correction are as follows:	• - he app	oropriate	
	OR The electronic transmission of the record was defective.			**
Sign	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

* CR2E062 (2/14)