

L14000194048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

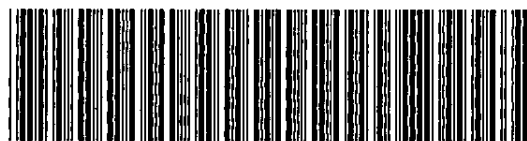
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St me Correction

NC  
L14-194048

12/30/14--01013--005 \*\*60.00✓

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14 DEC 30 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 14 2015

N. CAUSSEAU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEEP SOUTH SPEICALTIES, 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:

TROY NIBARGER

\_\_\_\_\_  
Name of Person

DEEP SOUTH SPECIALTIES, LLC

\_\_\_\_\_  
Firm/Company

3119 US. HWY 92 E.

\_\_\_\_\_  
Address

LAKELAND, FL 33801

\_\_\_\_\_  
City/State and Zip Code

TROY@DEEPSOUTHCARS.COM

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

For further information concerning this matter, please call:

TROY NIBARGER

863

937-9134

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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: DEEP SOUTH SPEICALTIES, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000194048

**THIRD:** Document to be corrected is:  
ARTICLES OF ORGANIZATION FOR FLORIDA LLC

**(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 LLC NAME IS MIS-SPELLED. THE CORRECT SPELLING IS

DEEP SOUTH SPECIALTIES, LLC.

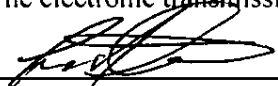
**OR**

- ☐ 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

12/23/2014

Date

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

**FILED**  
DEC 30 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA