

L15000016098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. Burch FEB 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

Palm Beach Motorcars, LLC

SUBJECT: _____
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:

Bill Havre

Name of Person

Registered Agents, Inc

Firm/Company

3030 N. Rocky Point Dr. STE 150A

Address

Tampa, FL 33607

City/State and Zip Code

admin@palmbeachrentals.today

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

For further information concerning this matter, please call:

Bill Havre

888

425-6999

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.

Palm Beach Motorcars, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L15000016098

THIRD: Document to be corrected is:
Article 1

(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 name of the company was submitted incorrectly. The name is to be listed as:

Motorcars of Palm Beach, LLC. The submission was made in error on account
of the registered agent.

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

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

FILED
JAN - 6 PM 4: 06
CLERK OF STATE
TREASURY OF FLORIDA