

# L15000029125

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

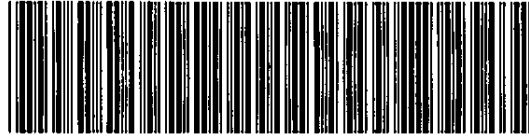
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800270192588

03/12/15--01028--022 \*\*25.00

**FILED**  
2015 MAR 12 PM 12:04  
CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 01 2015  
D. BRUCE

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: The Spa Co Brandon 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:

Marissia Collier

Name of Person

JMAC Capital Group LLC

Firm/Company

11023 Causeway Blvd

Address

Brandon FL 33511

City/State and Zip Code

thespacobrandon@gmail.com

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

For further information concerning this matter, please call:

Marissa Collier

813

9283883

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)

FILED  
2015 MAR 12 PM 12:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: The Spa Co Brandon LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000029125

**THIRD:** Document to be corrected is:  
Contact 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 mailing address is 11023 Causeway Blvd Brandon FL 33511

Titles need to be current titles AMBR ( ones used were old format )

Request for Authorized Person(office) Detail to be hidden on sunbiz

**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.

3/11/2015

Markus C. Carter  
Signature of Authorized Representative

Date

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

FILED  
 2015 MAR 12 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE FL 32309