

L15000058712

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 20 A 11:49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APOTHECARY AIRSTREAM 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:

ERIC LESPERANCE

Name of Person

APOTHECARY AIRSTREAM LLC

Firm/Company

8325 NE 2ND AVE Miami, FL 33138

Address

Miami, FL 33138

City/State and Zip Code

~~XXXXXXXXXX~~ HELLO @AIRSTREAMAPOTHECARY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC LESPERANCE

Name of Person

at (239)

Area Code

682-7700

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: APOTHECARY AIRSTREAM LLC

SECOND: The Florida Document number of the limited liability company is: L15000058712

THIRD: Document to be corrected is:

ARTICLE 1 (ARTICLES OF ORGANIZATION)

(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 SPELLING AND ORDER OF THE COMPANY NAME
WAS INCORRECT WHEN IT WAS FILED.

PLEASE CHANGE THE COMPANY NAME TO:

AIRSTREAM APOTHECARY 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

8/18/15
Date

2015 AUG 20 A 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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