

L15000091317

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAIT.COM 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:

JAMES PARNELL
Name of Person

BAIT.COM LLC
Firm/Company

119 SO. BAHAMA DR
Address

DUCK KEY, FL 33050
City/State and Zip Code

J.ELLIOTTPARNELL@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTAL PARNELL at (678) 227-3468
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

**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: BAIT.COM LLC

SECOND: The Florida Document number of the limited liability company is: 615000091317

THIRD: Document to be corrected is:
~~OWNERSHIP~~ NAME 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:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

INCORRECT SIGNATURE
SHOULD BE ONLY JAMES PARNELL
AS OWNER ~~XXXXXXXXXXXX~~

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

6/2/15

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15 JUN -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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