

L15000 138817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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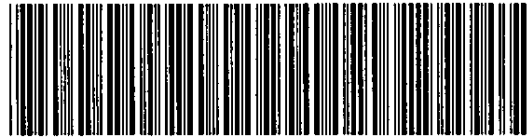
(Business Entity Name)

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neville and Son Trucking 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:

Neville J DeSilva
Name of Person

Neville and Son Trucking LLC
Firm/Company

2047 Endicott Dr
Address

Clermont, FL 34711
City/State and Zip Code

Nevillej89@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neville J DeSilva at (352) 530-1900
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: Neville and Son Trucking LLC

SECOND: The Florida Document number of the limited liability company is: 125000138817

THIRD: Document to be corrected is:
Add my name to Authorized person. I'm the owner.

(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:

Neville J DeSilva
2017 Knollcrest Dr
Cleemont, FL 34711 } Added To Authorized persons

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.

Neville J DeSilva
Signature of Authorized Representative

August 28th, 2015
Date

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