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COVER LETTER

SUBJECT: BOWMAN BETTHERS 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: THOMAS BOWMAN Name of Person Name of Person BOWMAN Refort Stop BAR Firm/Company 2518 Address DATIDINA City/State and Zip Code Long t stop bar Q grad Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS THOMAS BOWMAN Area Code Deprime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Citylon Building 10 1 340 423 3 P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S225 Filing Fee Certificate of Status Certified Copy	TO: Registration Se Division of Con				
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: Thomas Bownam Name of Person Name of Person Bownam Reptack Stores, Luc. OBA PIT STOP BAR Firm/Company 2518 S. ATLANTIC AUE. Address Daytona Beacht Stores, FL 2018 City/State and Zip Code town pit stop bar & green L. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Bownam at (706) 340-423 Name of Person at (706) 340-423 Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Tallahassee, Florida 32314 Enclosed is a check for the following amount: \$\Begin{array} \text{325 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate of Status} \text{Certificate of Status}	SUBJECT: Be				NATIONAL AND ADMINISTRATION OF THE PARTY OF
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Please return all correspondence concerning this matter to the following: THOMAS BOWMAN Name of Person BOWMAN BROTTHES, LLC DBA PIT STOP BAR Firm/Company 2518 S. ATLANTIC AUE. Address DANTONA BEACH SHORES, FL DILY City/State and Zip Code Long + stop bar Q gue. 1. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS BOWMAN Name of Person at 706 340. 4233 Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\Begin{array} \text{SSF Filing Fee} \text{\$\left(330\) Filing Fee} \text{\$\left(355\) Filing Fee}	Dear Sir or Madam:				
THOMAS BOWNAND Name of Person BOWNAND BROTHERS, LLC OBA PIT STOP BAR Firm/Company 2518 S. ATLANTIC AUE Address DANTOWA BEACH SHORES, FL 30187 City/State and Zip Code ton pit stop bar @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS BOWNAND Are Code MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$255 Filing Fee \$30 Filing Fee \$ \$355 Filing Fee & \$60 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certificate of Status & Certified Copy Certificate of Status & Certificate of Status & Certified Copy Total Person AND TOTAL PROPERTY OF THE	The enclosed Statement	of Correction and fee(s) ar	e submitted for filing.		
DBA PIT STOP BAR Firm/Company	Please return all corresp	ondence concerning this m	atter to the following:		
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Firm/Company 2518 S. ATLANTIC AUE. Address DATIONA BEACH Stores, FL 3010 City/State and Zip Code tomp. + stop bar @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMES BOWNER at 706 340.423 Name of Person at 706 Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\Begin{array} \text{S25 Filing Fee} \text{Certificate of Status}	IDBA PIT ST	OP BAR			
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City/State and Zip Code town p. + 5top bar @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thom HS Bown at (706) 340.433 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status &		Address			TAI SE
City/State and Zip Code town p. + 5top bar @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thom HS Bown at (706) 340.433 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status &	DATTONA	BEACH SHORES	FL 3018	-	新夏 田
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\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certificate of Status &	Tallahassee, Florida 323	301			
	Enclosed is a check for	the following amount:			
Cultina Copy	\$25 Filing Fee	\$30 Filing Fee & Certificate of Status			

CR2E062 (9/15)

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: BOWMAN BROTHERS SECOND: SHOULD Document to be corrected is: Managers ON THIRD: (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: SHOULD SOLE OWNER / MANAGER <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Thomas H Granus Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)