

L1600018906S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 6 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

JONATHAN BORKHOLDER
6321 YELLOW WOOD PL
SARASOTA, FL 34241

SUBJECT: PARTY FOOD LLC
Ref. Number: L16000189065

RECEIVED
2017 JAN -3 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PARTY FOOD LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SPECIFY WHAT CHANGES YOU'RE TRYING TO MAKE. THE DOCUMENT IS UNCLEAR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00026344

FILED
17 JAN -3 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Party Food 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:

Jonathan Borkholder

Name of Person

Party Food LLC

Firm/Company

6321 Yellow Wood Pl

Address

Sarasota, FL 34241

City/State and Zip Code

Partyfoodllc@gmail.com

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

For further information concerning this matter, please call:

Jonathan Borkholder at (941) 204-7259

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 (9/15)

FILED
17 JAN -3 PM 12:30
SECRETARY 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: Party Food LLC

SECOND: The Florida Document number of the limited liability company is: L16000189065

THIRD: Document to be corrected is: L16000189065

(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:

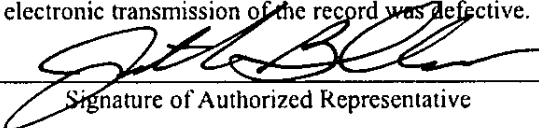
Incorrect Statement: Marcia Borkholder is listed as
Manager. Reason: Jonathan Borkholder is registered
as Sole Member with Federal EIN.

OR Mistake was made when filing with Sunbiz.

☐ 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.

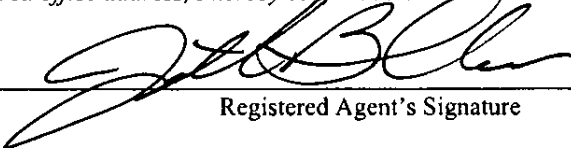

Signature of Authorized Representative

12/5/16
Date

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.


Registered Agent's Signature

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

12/30/16 * See New Filing Documents - Please change
to reflect info on these (New) Documents.