

L160000226663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

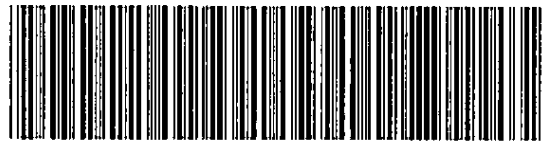
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 19 AM 8:11

FILED

07/19/22--01027--021 * 25.00

JUL 28 2022

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

NEPTUNE'S SPORTS PUB - MAIN ST, LLC
4256 CARDINAL BLVD
WILBUR BY THE SEA, FL 32127

SUBJECT: NEPTUNE'S SPORTS PUB - MAIN ST, LLC
Ref. Number: L16000226663

We have received your document for NEPTUNE'S SPORTS PUB - MAIN ST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 522A00014755

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEPTUNES SPORTS PUB - MAIN ST. 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:

TOM SMITH

Name of Person

NEPTUNES SPORTS PUB - MAIN ST LLC

Firm/Company

4256 CARDINAL BLVD.

Address

WILBUR BY THE SEA, FL 32127

City/State and Zip Code

TSMITH60@CFL.RR.COM

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

For further information concerning this matter, please call:

Tom Smith

Name of Person

at (386) 631-5442

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

PREVIOUSLY
pd per your letter 6/30/22
CR2E062 (9/15) ATTACHED

**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: NEPTUNES SPORTS PUB - MAM ST, LLC

SECOND: The Florida Document number of the limited liability company is: L16000226663

THIRD: Document to be corrected is: _____

(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:

FEIN ON FILE IS INCORRECT.

CORRECT FEIN IS: 81-4696105

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.

Tom 7/12/22
Signature of Authorized Representative 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.

Tom
Registered Agent's Signature

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA