

L17000110/97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

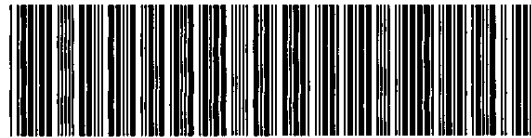
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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17 JUN 12 AM 10:47  
JUN 13 2017

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JUN 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2017

STEVEN SCHOELLHORN  
16407 AVILA BLVD  
TAMPA, FL 33613

SUBJECT: TIGER MOTORSPORTS LCC  
Ref. Number: L17000110197

We have received your document for TIGER MOTORSPORTS LCC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 517A00010990

*Hello,  
Sorry for my mistake, but please find enclosed the  
document which is now signed.*

*Thank you,*

*Steve Schoellhorn  
541-953-3019*

RECEIVED

2017 JUN 12 AM 11:56

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIGER MOTORSPORTS LCC  
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:

Steven R Schoellhorn

Name of Person

TIGER MOTORSPORTS LCC →

Firm/Company

New name (corrected) should be:  
TIGER MOTORSPORTS, LLC

16407 Avila Blvd.

Address

Tampa, FL 33613

City/State and Zip Code

steves@marathoncoach.com

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

For further information concerning this matter, please call:

Steven Schoellhorn

Name of Person

at ( 541 )

Area Code

953-3019

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: TIGER MOTORSPORTS LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000110197

**THIRD:** Document to be corrected is: Corporation name

**(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:

The entity name is spelled wrong "LCC" should be "LLC". And add  
a comma. Reason: I typed it in wrong.  
Correct name should be: TIGER MOTORSPORTS, LLC

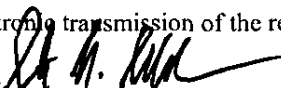
**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

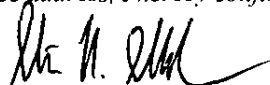
☐ The electronic transmission of the record was defective.

 6/9/17  
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.*

  
Registered Agent's Signature

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