

L17100123636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

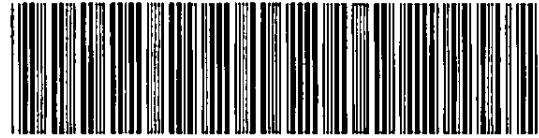
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/02/17--01002--017 **25.00

17 AUG 22 AM 11:49
CLERK HASSEE, FLORIDA

ED

AUG 21 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2017

JAME P BREEDEN
185 CATALINA ISLE DR
MERRITT ISLAND, FL 32953

SUBJECT: BPSW LLC
Ref. Number: L17000123636

We have received your document for BPSW LLC 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.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00015901

RECEIVED
2017 AUG 23 AM 10:30
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BPSW 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:

James P. Breeden
Name of Person

Breezy pressure washing Services
Firm/Company

185 Catalina Isle dr.
Address

Merritt Island FL 32953
City/State and Zip Code

docilerock@gmail.com / or Breezypws@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Breeden at (321) 543-0770
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:

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: BP5W LLC

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

THIRD: Document to be corrected is: Article of Organization

(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:

BP5W LLC, the spelling of company name is
in correct, BPWS LLC, is the correct spelling

OR

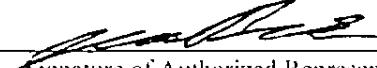


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

8-15-17
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)