

L17 000 228797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

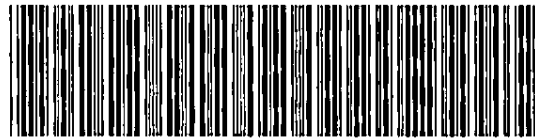
(Business Entity Name)

(Document Number)

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2017 DEC 11 AM 9:08  
FILED  
TALLAHASSEE, FLORIDA  
DEC 11 PM 3:59

217 COVER LETTER 2679

TO: Registration Section  
Division of Corporations

SUBJECT: Jerk Tapp

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:

Barbara Hamilton

Name of Person

Jerk Tapp

Firm/Company

629 NW 49Th Ave

Address

Plantation FL 33317

City/State and Zip Code

hamib3557@bellsouth.net

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

For further information concerning this matter, please call:

Barbara Hamilton

Name of Person

954

Area Code

801-3574

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

TALLAHASSEE, FLORIDA

DEC 11 P 3:59

FILED

**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: Jerk Tapp

**SECOND:** The Florida Document number of the limited liability company is: L17000228797

**THIRD:** Document to be corrected is: Effective date 11/05/17

**(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:

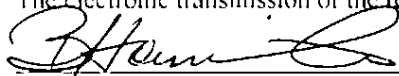
Please change effective date to January 8, 2018. Business not yet inspected by  
Division of Business and Professional Regulations.

**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

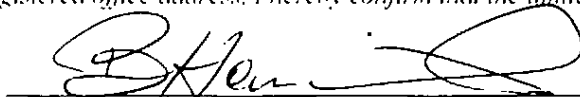
12-5-17

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)