

L19 000 217 529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

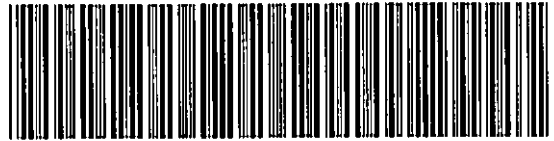
(Business Entity Name)

(Document Number)

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

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2015 NOV 20 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Y SULKER  
NOV 2 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2019

GRUMPY'S PIZZA PUB LLC  
1682 INDIAN HILLS DR  
MOORE HAVEN, FL 33471

SUBJECT: GRUMPY'S PIZZA PUB LLC  
Ref. Number: L19000217529

We have received your document for GRUMPY'S PIZZA PUB LLC and your check(s) totaling \$. 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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 519A00020672

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grumpy's Pizza Pub 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:

Barbara Swift  
Name of Person

Grumpy's Pizza Pub LLC  
Firm/Company

1682 Indian Hills Dr  
Address

Moore Haven, Florida 33471  
City/State and Zip Code

barbaraswift@bards2.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara C Swift at ( 363 ) 484-3005  
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

**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: GRUMPY'S PIZZA PARS LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000217529

**THIRD:** Document to be corrected is: FLORIDA LIMITED LIABILITY COMPANY FILING

**(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:

ENTITY NAME WAS INCORRECTLY LISTED AS  
COLOLOLO INC. (Manager's name incorrect)  
THE CORRECT ENTITY NAME IS COLOBOLO INC.

**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] 11/20/19  
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)

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2019 NOV 20 AM 8:55  
STATE OF FLORIDA  
TALLAHASSEE