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SECRETARY OF STATE  
TALLAHASSEE, FL

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MAR 02 2022

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CITADEL TREADS 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:

Victor Albert Chauvet

\_\_\_\_\_  
Name of Person

Citadel Treads LLC

\_\_\_\_\_  
Firm/Company

12001 NW 5TH CT

\_\_\_\_\_  
Address

Plantation FL 33325

\_\_\_\_\_  
City/State and Zip Code

vachauvet@citadelthreads.com

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

For further information concerning this matter, please call:

Victor Albert Chauvet

954

4878458

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 FEB 28 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 16, 2022

VICTOR ALBERT CHAUVET  
12001 NW 5TH CT  
PLANTATION, FL 33325

SUBJECT: CITADEL TREADS LLC  
Ref. Number: L21000464599

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

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

You failed to sign and date the form in the spaces provided.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 322A00003875

**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: CITADEL TREADS LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000464599

**THIRD:** Document to be corrected is: ~~the name of the LLC~~ Articles 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:

CITADEL TREADS LLC, is the incorrect name of the LLC because of a typographical error, and the corrected name of the LLC is "CITADEL THREADS LLC". An H was missing from the second word name of the 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.

Victor Albert Choumet  
Signature of Authorized Representative

02/24/2022  
Date

**FILED**  
2022 FEB 28 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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)**