## L23000224033

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 JUN -6 PH 4: 09 2023 JUN -6 PH 4: 13

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## **COVER LETTER**

	ration Section on of Corpo				
A SURIFCT:	dvance Too	l Repair LLC			
SOBJECT	Name of Limited Liability Company				
Dear Sir or Mad	dam:				
The enclosed Si	tatement of	Correction and fee(s) a	are submitted for filin	g.	
Please return al	l correspond	dence concerning this r	natter to the following	g:	
Anson Metayer	-				
		Name of Person		-	
Advance Tool l	Repair LLC				
		Firm/Company		-	
2101 NW 33rd	ST. Ste 800	)A			
		Address	· · · · · · · · · · · · · · · · · · ·	_	
Pompano Beac	h, FL 33069	)			
	City/	State and Zip Code		_	
metayer.a@hot	mail.com				
E-mail ad	dress: (to be	used for future annua	report notification)	-	
For further info	rmation con	cerning this matter, pl	ease call:		
Anson Metayer			954 at (	804-7602	
	Name of P	erson	Area Code	Daytime Telephone Number	
Regis Divis P.O. l	ng Address: stration Se ion of Co Box 6327 hassee, FL	rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a c	heck for the	e following amount:			
⊠\$25 Filing Fo	ee 🗆	\$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 COMPANYIH -6 PH 4: 13

SECOND:	: The Florida Document number of the limited liability company is: L23000224033			
THIRD:	Document to be corrected is:			
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct are as follows:	ected		
The	he incorrect date 7/1/2023 for the start of bussines was enetered-Change effective date to start 6/1/2023			
-ad	dd Ste 800A to the address	<del></del> -		
OR	<u>R</u>			
	as defectively signed. The manner in which the document was defectively signed and the appropriate corfollows:	Tection are		
 OR	<u>R</u>	<del></del>		
□ The	he electronic transmission of the record was defective.			
	Signature of Authorized Representative Date	<del></del>		
Signature of	of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent the designation).	must sign		

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)