

MI400004742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

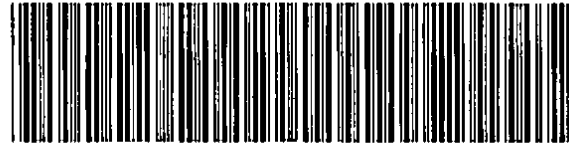
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RUCE
AUG 11 2017

McDermott Will & Emery

Boston Brussels Chicago Dallas Dusseldorf Frankfurt Houston London Los Angeles Miami
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington D.C.
Strategic alliance with MWE China Law Offices (Shanghai)

August 9, 2017

VIA FEDEX

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Bridgestone Horsepower, LLC
Ref No: M14000004742

To Whom It May Concern:


Enclosed please find a Statement of Correction along with a \$25.00 check.

Also, enclosed is a note that we have received from your office stating that the check was not included with our original filing in 2014.

Please note that our address has changed and Ann Kladis is no longer with the company. Please return documents to:

Magdalena Lazarz
McDermott Will & Emery
444 W. Lake Street, 40th Floor
Chicago, IL 60606

Sincerely,


Magdalena Lazarz
Paralegal
312-984-5381

Encl.

DM-US 83799481-1 095618 0011

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

ANN KLADIS
MCDERMOTT WILL AND EMERY
227 W. MONROE, SUITE 4700
CHICAGO, IL 60606

SUBJECT: BRIDGESTONE HOSEPOWER, LLC
Ref. Number: M14000004742

We have received your document for BRIDGESTONE HOSEPOWER, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 217A00015242

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIDGESTONE HOSEPOWER, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Kladis

Name of Person

McDermott Will and Emery

Firm/Company

227 W. Monroe, Suite 4700

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Ann Kladis

312

984-7793

at (

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

CR2E062 (2/14)

2017 AUG 10 A 11: 06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: BRIDGESTONE HOSEPOWER, LLC
BRIDGESTONE HOSEPOWER, LLC

SECOND: The Florida Document number of the limited liability company is: M14000004742

THIRD: Document to be corrected is:
Application by Foreign LLC for Authorization to Transact Business

(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:

The FEI number was incorrectly stated as 47-1137221

The correct FEI number is: 59-3037407

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.



07/16/2014

Signature of Authorized Representative

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2017 AUG 10 A 11: 06
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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