

MIS000003106

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rowing Center USA, 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:

Stephanie Alton
Name of Person

Rowing Center USA, LLC
Firm/Company

8880 Corporate Square Ct, Unit 3 1/2 4
Address

Jacksonville, FL 32216
City/State and Zip Code

stephaniealton@swifttracing.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Alton at (518) 415 0988
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: _____
Rowing Center Usa, LLC

SECOND: The Florida Document number of the limited liability company is: M15000003106

THIRD: Document to be corrected is:
Qualification of Foreign LLC

(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:

Mailing / Principal Address - incorrect Unit 314
should be → 8880 Corporate Square Ct Unit 314 *
Registered Agent Name & Title MGR - incorrect Aton
Stephanie Aton

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.

Stephanie D. Aton 5/1/2015
Signature of Authorized Representative Date

FILED
15 MAY 14 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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