

LOG0000063424

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seminole Taft Street Properties 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:

Eric Dorsky, Esq.

Name of Person

Eric Dorsky, P.A.

Firm/Company

7320 Griffin Road, Suite 220

Address

Davie, FL 33314

City/State and Zip Code

edorsky@edpalaw.com

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

For further information concerning this matter, please call:

Eric Dorsky

954

587-1120

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

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**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: Seminole Taft Street Properties LLC

**SECOND:** The Florida Document number of the limited liability company is: L09000063424

**THIRD:** Document to be corrected is:  
2015 Annual Report

**(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 Annual Report incorrectly lists James Billie as the Director and President.

This is incorrect and should be deleted. The President of company is Georgette

Smith, 6365 Taft Street, Hollywood, FL 33024. This information should be added.

**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 of Authorized Representative

*Georgette Smith*

Date

*5-26-2015*

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