

**L15000114297**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000179134 3)))



H150001791343ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

FILED  
15 JUL 23 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
674 ELIZABETH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED  
15 JUL 23 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2015  
J. HARRIS

Electronic Filing Menu Corporate Filing Menu Help

**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: 674 Elizabeth LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000114297

**THIRD:** Document to be corrected is:  
Statement for Correction

**(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 Statement of Correction contains an error in which the street address for the principal office and Registered Address is incorrectly stated as "516 Road-Villa III, Clearwater, Florida 33756." The address for the principal office, Registered Address and Manager's address are hereby corrected to: "516 Lakeview Road-Villa 3, Clearwater, Florida 33756".

**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.

Andree Pectorov  
Signature of Authorized Representative

7/23/15  
Date

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

FILED  
15 JUL 23 AM 8:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA