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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

; (850)222-1092

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTPORT FLORIDA, L.L.C.

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	COVER LETTER					
ΓO: Registratio	n Section					
Division o	Corporations					
Wes	tport, L.L.C.					
, on and 1.	Name of Limited Liability Company					
Dear Sir or Madam	:					
The enclosed States	ment of Correction and fee(s)	are submitted for filin	g.			
Please return all co	rrespondence concerning this	matter to the following	3 :			
Suzanne J. W	alker. FRP					
	Name of Person		-			
Phelps Dunba	riip					
	Firm/Company		-			
100 South Ast	nley Drive, Suite 1900					
	Address		_			
Tampa, FL 33	802					
- Tampa, r C 00	City/State and Zip Code		_			
candy.lafont@	•					
-	is: (to be used for future annu		_			
r-man agons	is: (to be used for future unity	ai report notification)				
For further informs	tion concerning this matter, p	aleone cull:				
Candy Lafont	and concerning this matter, p	985	601_4444 avt 51910			
· · · · · · · · · · · · · · · · · · ·	Jame of Person	or (Daytime Telephone Number			
r	stille of Leazon	Area Code	Daytime Telephone Number			
STREET/COURI	ER ADDRESS:		MAILING ADDRESS:			
Registration Section			Registration Section			
Division of Corpor	acions		Division of Corporations			
Clifton Building	ata Ciada		P.O. Box 6327			
1661 Executive Ca Fallahassee, Florid			Tallahassee, Florida 32314			
·						
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CR2E062 (2/14)						

2014 JUN-9 AM 9: 11

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CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ent to se	ction 605,0209, F.S., this document is being submitted to correct a previously filed document.						
<u>FIRST</u> :		The name of the limited liability company is: Westport, L.L.C.						
SECOND:		The Florida Document number of the limited liability company is: M14000003944						
THIRD:		Document to be corrected is:						
		App. for Foreign LLC for Authorization to Transact Business in Florida						
	(CII	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT						
Z		is an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ed statement are as follows:						
	Parag	ragraph 7 of the Application incorrectly states the name of the Manager. The						
	согте	ct name of the Manager is Dionne Austin.						
	OR							
	Was d	defectively signed. The manner in which the document was defectively signed and the appropriate						
	correc	tion are as follows:						
	<u>OR</u>							
	The el	ectronic transmission of the record was defective.						
		June 9, 2014						
Signature of Authorized Representative Date								
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)						