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(Ad	ldress)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
FLORIDA
T. CLINE
WAY 19 2011
EXAMINER

fol-50l

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ralph and Alda Priep Name of Limited Parts	o Family Limited Partnership nership or Limited Liability Limited Partnership		
The enclosed Statement of Correction ar	nd fee(s) are submitted for filing.		
Please return all correspondence concern	ning this matter to:		
Arthur F. Priep	<u> </u>		
Contact Person			
Firm/Company			
3901 Canal Drive			
Address	AL	201 SE	
Micco, FL 32976	> 	2011 HAY 18	4794.
City, State and Zip Code	Ā	≥ _	***
tech_art@comcast.net		2 ∞	ſ
E-mail address: (to be used for future annua	al report notification)	[유 🍇	
For further information concerning this n	natter, please call:	SIA	Ľ
Rex E. Moule	at (321) 254-3232 🕏	1111	
Name of Contact Person	Area Code and Daytime Telephone Numb	er	
Enclosed is a check for the following am	ount:		
X \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	е,	
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section			
Division of Corporations			
Clifton Building	Clifton Building P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			

OR LIMITED LIABILITY LIMITED PARTNERSHIP Ralph and Alda Priep Family Limited Partnership Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following certificate of correction.

FIRST: The reason for filing this certificate of correction is:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP

 ✓ The record contained false or erroneou ✓ The record was defectively signed. 	s information.	
SECOND: This statement corrects	Certificate of Amendment	TALL
filed with the Florida Department of State on	Specify document type being corrected 10/26/2010 Insert date document filed with Dept. of State	NETAL AHAS
THIRD: The false or erroneous informat	ian ar dafact is as fallows:	RY OF SEE, F
The Certificate of Amendment was sign a general partner as of the date of sign	gned by Karen Priep who was not a uning and filing the amendment. See	STATE
Certificate of Amendment filed 10/13/ a general partner.	2010 whereby Karen Priep was remov	ed as
FOURTH: The false or erroneous inform Removing Gary Schroeder as a listed		

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	a limited liability limited partnership statement, all general partner(s), the new general partner(s) must sign).
Dean R. Priep	5/17/1/
Signature(s) of <u>new</u> general partner(s),	if any:

RETARY OF STATE AHASSEE, FLORID

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75