

A04 000001998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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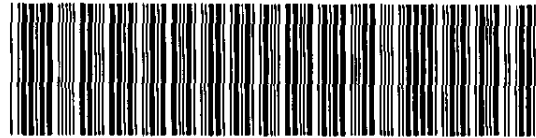
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. CLINE

OCT 28 2009

EXAMINER

A04-1998

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lisenby, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marie-Anne Luber
Contact Person

GrayRobinson
Firm/Company

301 S Bronough Street
Address

Tallahassee, FL 32301
City, State and Zip Code

maluber@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie-Anne Luber at (850) 577-9090
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

Lisenby, LLLP

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:

- ☒ The record contained false or erroneous information.
☐ The record was defectively signed.

SECOND: This statement corrects Certificate of Amendment to
Certificate of Limited Partnership

Specify document type being corrected

filed with the Florida Department of State on August 21, 2009

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

The address of the Registered Agent under Section C and the address of the General Partner
under Section D were incorrectly stated as follows:

1890 State Road 426

Suite 300

Winter Park, FL 32792

FOURTH: The false or erroneous information or defect is corrected as follows:

The address of the Registered Agent under Section C and the address of the General Partner
under Section D should read as follows:

1890 State Road 436

Suite 300

Winter Park, FL 32792

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SECRETARY OF STATE
TALLAHASSEE, FL 32399


Signature of a general partner*:

*(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign.)*

SOLE GENERAL PARTNER:

COMMUNITY SUPPORTS, INC.,
a Florida not for profit corporation

By:


Kenneth H. Schultz, Its Secretary

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

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TALLAHASSEE, FLORIDA