

A17000000523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

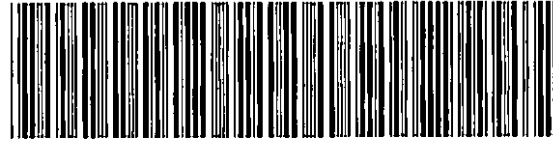
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900443763679

FILED

2025 FEB -4 PM 12:12

SECTION 1719010
-CLL APASOL 0719010

NOT RECORDED

2025 FEB -4 PM 4:38

SECTION 1719010
-CLL APASOL 0719010

K. SALY
FEB - 5 2025

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02/04/2025

NAME: NORTH STREET VILLAGE, LP

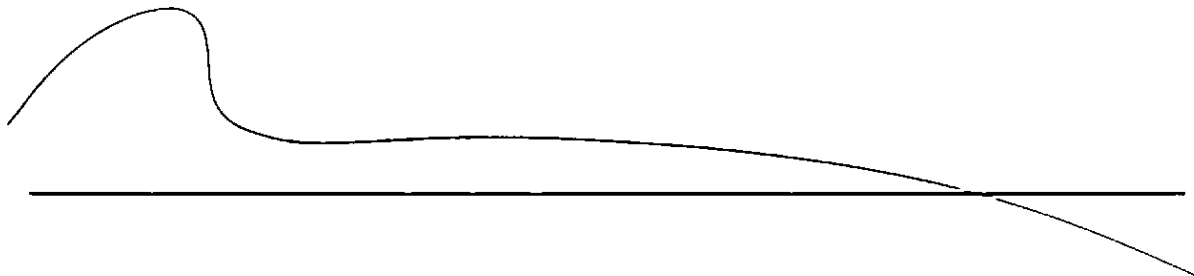
TYPE OF FILING: STATEMENT OF CORRECTION

COST: 105.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Street Village, LP

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:

Kristi Dickison

Contact Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City, State and Zip Code

kristi.dickison@nelsonmullins.com

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

For further information concerning this matter, please call:

Kristi Dickison

at (407) 951-4222

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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2025 FEB -4 PM 12:13

CLERK OF COURT
TALLAHASSEE, FLORIDA

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

North Street Village, LP

Insert name currently on file with Florida Department of State

A17000000523

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

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

FIRST: The reason for filing this statement 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 January 3, 2025

Insert date document filed with Dept. of State

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

The information in Article D of the Certificate of Amendment to Certificate of Limited Partnership included incorrect information for the general partner.

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

Article D of the Certificate of Amendment to Certificate of Limited Partnership is hereby deleted.

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).

TURNSTONE NEW PORT RICHEY GP, LLC

By: Turnstone Development Corporation, its
sole member

By: Susan Wiemer
Susan Wiemer, Executive Director

Signature(s) of new general partner(s), if any:

FILED
2025 FEB -4 PM 12:13
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

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