

A92000000108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

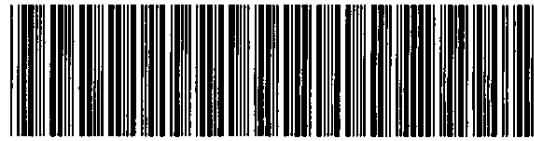
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*WRONG FORM ? sent STATEMENT CORRECTION*  
*Stacy*

Office Use Only



000297674560

04/14/17--01016--029 \*\*52.50

FILED  
2017 MAY -3 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAY -4 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2017

COLLIER ENTERPRISES MGMT., INC.  
SANDRA MAHONEY  
2550 GOODLETTE RD. N  
NAPLES, FL 34103

SUBJECT: COLLIER'S RESERVE, LTD.  
Ref. Number: A92000000108

We have received your document for COLLIER'S RESERVE, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00007476

RECEIVED  
2017 MAY -3 PM 12:57  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Collier's Reserve, Ltd.  
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:

Sandra Mahoney  
Contact Person  
Collier Enterprises Mgmt., Inc.  
Firm/Company  
2550 Goodlette Rd., N.  
Address  
Naples, FL 34103  
City, State and Zip Code  
smahoney@collierenterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Cannarsa at ( 239 ) 261-4455  
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
- check # 922*

**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

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

**FILED**  
**2017 MAY -3 PM 2:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Collier's Reserve, Ltd.

Insert name currently on file with Florida Department of State

A92000000108

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 2017 Florida Limited Partnership Annual Report

Specify document type being corrected

filed with the Florida Department of State on

January 12, 2017

Insert date document filed with Dept. of State

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

Signature line - Robert Corina as President

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

Signature line - Robert Corina as Vice President

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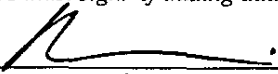
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Signature of a general partner\*:

(\*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).

  
\_\_\_\_\_  
Robert Corina, VP of Collier Management Services, Inc.,  
General Partner  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

2017 MAY -3 PM 2: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED