

A970000001B6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

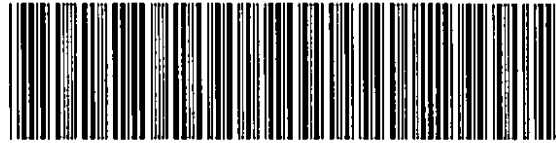
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D. SCOTT  
AUG 11 2017



Asma & Asma, P.A.

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August 7, 2017

Department of State  
Division of Corporations  
Limited Liability Limited Partnership Division  
P.O. Box 6327  
Tallahassee Florida 32314

Re: *State of Correction*  
*A97000000186*

To whom it may concern:

Enclosed please find a Statement of Correction for Bert E. Roper and Barbara C. Roper Family Limited Liability Limited Partnership together with the filing fee of \$52.50. Thank you.

Sincerely,

Sharon D. Morgan

sm  
Enclosure

FILED  
17 AUG 11 9 27  
TALLAHASSEE, FL

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

BERT E. ROPER AND BARBARA C. ROPER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

A97000000188

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 18 2017

Insert date document filed with Dept. of State

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

General Partner Detail:

Roper, Bert E. Trustee

Roper, Barbara C. Trustee

PO Box 770218

12302 Summerport Lane

Winter Garden FL 34777

Windermere FL 34788

Principal Place of Business: 12302 Summerport Lane Windermere FL 34787

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

General Partner Detail:

Bert E. Roper Living Trust

Barbara C. Roper Living Trust

PO Box 770218

PO Box 770218

Winter Garden FL 34777


Winter Garden FL 34777

Principal Place of Business: 146 W Plant St Ste 250 Winter Garden FL 34787

**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).

Sign Here

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

**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

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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