

198000002832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

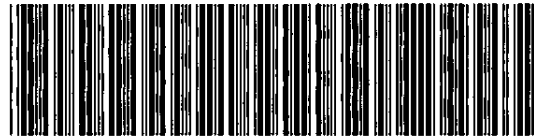
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sign

Office Use Only



900297674579

04/14/17--01016--025 **52.50

FILED
17 MAY -3 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2017

SANDRA MAHONEY
2550 GOODLETTE ROAD N
NAPLES, FL 34103

SUBJECT: COLLIER LAND HOLDINGS, LTD.
Ref. Number: A98000002832

We have received your document for COLLIER LAND HOLDINGS, 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):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00007445

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collier Land Holdings, 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
check # 15663
- \$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

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

Collier Land Holdings, Ltd.

Insert name currently on file with Florida Department of State

A98000002832

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
January 12, 2017

filed with the Florida Department of State on

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

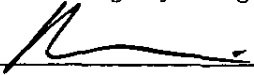
FOURTH: The false or erroneous information or defect is corrected as follows:

Signature line - Robert Corina as Vice President

FILED
17 MAY -3 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Enterprises, 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

FILED
17 MAY -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA