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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

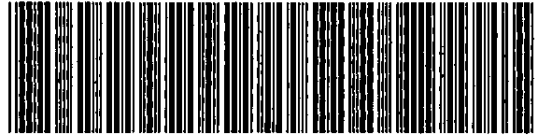
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10 MAR 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 16 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAW FAMILY PARTNERS 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:

MICHAEL J. SHAW
Contact Person

LAKE JULIANA BOATING & LODGING
Firm/Company

600 LUNDY RD.
Address

AUBURNDALE, FL 33823
City, State and Zip Code

MSHAW6@TAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. SHAW at (863) 984-1144
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

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

FILED
10 MAR 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHAW FAMILY PARTNERS LP

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 FOREIGN LP for AUTH. TO TRANSACT BUSINESS IN FL.
Specify document type being corrected (COPY ATTACHED)
filed with the Florida Department of State on AUGUST 8, 2001
Insert date document filed with Dept. of State

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

THE NAME IS ERRONEOUS - IT SHOULD
BE SHAW PARTNERS LP

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

THE GENERAL PARTNERS LISTED ARE INCORRECT
JULIE M. MICHAELS SHOULD BE THE ONLY
PARTNER LISTED AS GENERAL PARTNER

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).

Julie M. M. (General Partner)
Michael P. Shaw (FL AGENT)

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

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

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TALLAHASSEE, FLORIDA