

B1500000264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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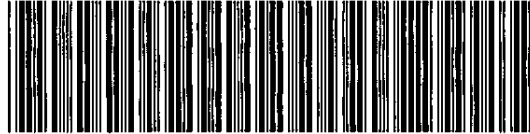
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE L SQUARED FLORIDA OFFICE, LLLP

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:

JONATHAN D. KANEY III

Contact Person

KANEY & OLIVARI, P.L.

Firm/Company

55 SETON TRAIL

Address

ORMOND BEACH, FL 32176

City, State and Zip Code

jake@kaneyolivari.com

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

For further information concerning this matter, please call:

JONATHAN D. KANEY III at (386) 675-0691

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

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TALLAHASSEE, FLORIDA

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

THE L SQUARED FLORIDA OFFICE, LLLP

Insert name currently on file with Florida Department of State

B15000000264

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 Application by Foreign Limited Liability Limited Partnership to Transact Business in Florida

Specify document type being corrected

filed with the Florida Department of State on 09/30/2015

Insert date document filed with Dept. of State

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

#10. The names of General Partner lists (1) Joseph H. Linge, (2) Joseph F. Linge and (3) Superior Resources.

The application was signed by Joseph F. Linge as General Partner.

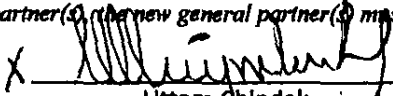
FOURTH: The false or erroneous information or defect is corrected as follows:

#10. The name of the General Partner is solely Superior Resources, LLC.

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SECRETARY
TALLAHASSEE
FLORIDA

Signature of a general partner*:

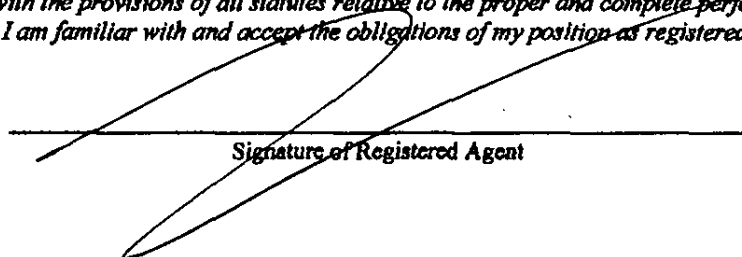
(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

X 
Uttam Qhindak

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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