L00000003194

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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16 SEP 12 PN 4: 48
SECRETE OF STATE

J. HARRIS

COVER LETTER

	Registration S Division of Co			`			
SUBJEC	Pow	er Street Pro	perties, L	LC			
302020	••	N	ame of Limited Liab	ility Company			
Dear Sir o	or Madam:						
The enclo	sed Statemen	t of Correction and fee(s) as	re submitted for filing	; .			
Please ret	urn all corres	condence concerning this m	natter to the following	;			
And	rea Je	ppesen					
		Name of Person					
Pow	er Str	eet Propertie	s, LLC				
		Firm/Company		•			
1100	Com	mercial Blvd					
		Address		•			
Nap	les, Fl	34104					
		City/State and Zip Code					
dear	narnold	@arnoldcom	panies.net				
E-m	ail address: (t	o be used for future annual	report notification)	•			
For further	r information	concerning this matter, ple	ase call:				
Dean Arnold 239			643-6333				
	Name	of Person	Area Code	Daytime Telephone Number			
Registration Section Division of Corporations Clifton Building				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:							
□ \$25 F	iling Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062	(9/15)						



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2016

ANDREA JEPPESEN ***2ND MAILING***
1100 COMMERCIAL BLVD
NAPLES, FL 34104

SUBJECT: POWER STREET PROPERTIES, L.L.C.

Ref. Number: L0000003194

We have received your document for POWER STREET PROPERTIES, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00017146

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

		ame of the limited liability company is: Power S		
SECO	OND:	The Florida Document number of the limited liabili	ty company is: L00000	03194
THIR		Document to be corrected is: Annual Repo	, , , 	
	ſ	CHECK THE APPROPRIATE BOX AND COMP	LETE THE APPLICABLE S	<u>STATEMENT</u>
		ins an incorrect statement. The incorrect statement, the incorrect statement, the incorrect statement is a second of the incorrect statement.	e reason the statement is incorr	ect, and the corrected
	Cur	rent Manager stated incorrectly a	as Donald Arnold	
	Cur	rent Manager is John L Arnold, I		
	<u>OR</u>			
	Was d as foll	lefectively signed. The manner in which the documen ows:	was defectively signed and th	e appropriate correction are
				36 S
	<u>OR</u>			10 TO
	The el	lectronic transmission of the record was defective.		
		And the second s		9/6/16
		Signature of Authorized Representative	Date	10.5 60 10.5 10.5 10.5 10.5 10.5 10.5 10.5 10.
		ew registered agent, if applicable :(NOTE: if correcting lesignation).	g the registered agent, the new	registered agent must sign
here provis obliga reflect	by accep ions of a itions of i	d Agent's Signature, if changing Registered Agent: If the appointment as registered agent and agree to act It statutes relative to the proper and complete perform It position as registered agent as provided for in Cha It is the registered office address, I hereby confirm the	ance of my duties, and I am fai pter 605, F.S. Or, if this docun	miliar with and accept the nent is being filed to merel
		Registered Agent		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	