

LD5000079140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

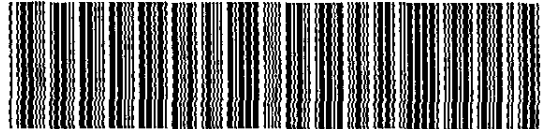
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 11 PM 2:41

N. Culligan AUG 15 2005

7179

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOLLAND PROPERTIES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANDICE BRAINARD
(Name of Person)

VOLLAND PROPERTIES
(Firm/Company)

P.O.B. 562
(Address)

ASTOR FL 32102
(City/State and Zip Code)

For further information concerning this matter, please call:

CANDICE BRAINARD at 352, 759-2820
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

8/5/05 Please make 2 changes on page 2

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

VOLLAND PROPERTIES LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

① UNDER ARTICLE IV: CANDICE BRAINARD
SHOULD BE "MGRM" MANAGING MEMBER,
② TRACY BRAINARD SHOULD BE DELETED
COMPLETELY

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

05 AUG 11 PM 2:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated: _____

Candice A Brainard

Signature of a member or authorized representative of a member

CANDICE A. BRAINARD

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)