

Division of Corporations

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L05000113206

Florida Department of State

Division of Corporations

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(((H05000289650 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : BOND, SCHOENECK & KING, P.A.

Account Number : I20010000122

Phone : (239) 659-3800

Fax Number : (239) 659-3812

RECEIVED
05 DEC 21 PM 1:29
DIVISION OF CORPORATION

12/22

LIMITED LIABILITY AMENDMENT

LAKE SPRING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

05 DEC 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakespring, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

F. Joseph McMackin, III

(Name of Person)

Bond, Schoeneck & King, P.A.

(Firm/Company)

4001 Tamiami Trail North, Suite 250

(Address)

Naples, FL 34103-3555

(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Hamilton

(Name of Person)

at (239) 659-3872

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

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**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:

Lakespring, 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:
Lakespring, LLC's mailing address was entered incorrectly as "P.O. Box 2008, Bonita Springs, . 34133".

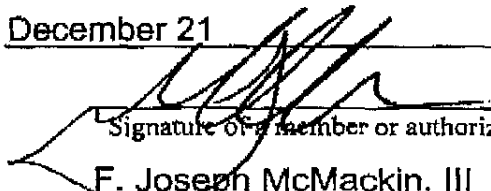
This mailing address is incorrect in two ways: the P.O. Box number is incorrect, and the state of "FL" was not included.

The correct mailing address for Lakespring, LLC is "P.O. Box 2608, Bonita Springs, FL 34133".

OR

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

Dated: December 21, 2005



Signature of a member or authorized representative of a member

F. Joseph McMackin, III

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRET
TALLAHASSEE, FLORIDA

05 DEC 21 AM 11:00

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AND
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