

LOM000014090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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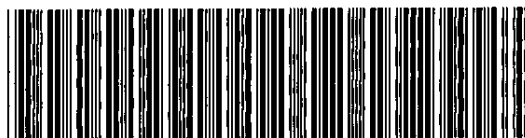
(Business Entity Name)

(Document Number)

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03/21/17--01008--001 \*\*25.00

**FILED**  
2017 MAR 20 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. MILLIGAN  
MAR 21 2017

LAW OFFICES  
**ALLEY, MAASS, ROGERS & LINDSAY, P.A.**

340 ROYAL POINCIANA WAY, SUITE 321

POST OFFICE BOX 431

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ROBB R. MAASS  
M. TIMOTHY HANLON  
WARREN D. HAYES, SR.  
STUART J. HAFT  
CAROL S. WAXLER  
BRUCE A. McALLISTER  
CATHERINE KENT  
DAVID R. MAASS  
CHRISTINE BIALCZAK

RAYMOND C. ALLEY (1893-1975)  
HAROLD G. MAASS (1923-2006)  
DOYLE ROGERS (1928-2016)  
KAREN S. MARX (1964-1994)

1331 SE OCEAN BOULEVARD  
STUART, FLORIDA 34996  
P (772) 287-4404  
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March 17, 2017

Via Federal Express

Michelle Milligan

Senior Section Administrator/Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301


RE: W & W XXIII, LLC

Dear Ms. Milligan:

Enclosed is a Statement of Correction for the above-referenced entity, as well as a Statement of Revocation of Dissolution, and the accompanying filing fee checks of \$25.00 and \$100.00, respectively. Please file the originals and return stamped copies to me in the envelope provided.

Sincerely,  
ALLEY, MAASS, ROGERS  
& LINDSAY, P.A.

BY:

  
LOUIS L. HAMBY III

LLH III/cr  
Enc.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** W & W XXIII, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

LOUIS L. HAMBY III, ESQ.

Name of Person

ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Firm/Company

340 ROYAL POINCIANA WAY, #321

Address

PALM BEACH, FL 33480

City/State and Zip Code

LHAMBY@AMRL.COM

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

For further information concerning this matter, please call:

LOUIS L. HAMBY III

Name of Person

561

Area Code

659-1770

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

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

**FILED**  
2017 MAR 20 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**FIRST:** The name of the limited liability company is: W & W XXIII, LLC

**SECOND:** The Florida Document number of the limited liability company is: L07000014090

**THIRD:** Document to be corrected is: Articles of Dissolution

**(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:

The incorrect statement is "The effective date of the dissolution if not effective on the date of filing is September 13, 2016."

The effective date was incorrectly stated. The corrected statement should read as follows:

"The effective date of the dissolution shall be December 10, 2016."

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

Carrie. Hamby A, authorized 3-17-17  
Signature of Authorized Representative representative Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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