

LD70000088340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

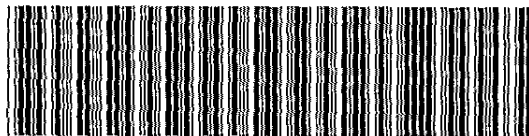
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LS

Office Use Only



800108841148

09/04/07--01031--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2007 SEP -4 PM 3:35

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 50 Avenue L.L.C.

(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:

Frederic Barthe

(Name of Person)

Frederic Barthe P.A.

(Firm/Company)

2455 E. Sunrise Blvd - Suite 602

(Address)

Fort Lauderdale, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Frederic Barthe

(Name of Person)

at ( 954 ) 523-5555

(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

**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:  
50 AVENUE L.L.C.

**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:  
Article II - Clerical error in the principal and mailing address.

Principal address and mailing address should be: 5755 N.E. 15th Street

Fort Lauderdale, FL 33334

**OR**

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

Dated: August 30th

2007

Signature of a member or authorized representative of a member

Frederic Barthe

Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 SEP -4 PM 3:35

FILED