

L07000110400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

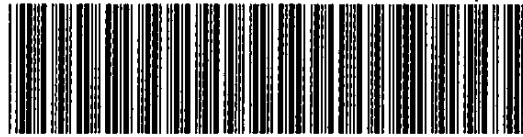
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200112974862

12/18/07--01025--009 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 DEC 18 P 1:11

FILED

12/20

TL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REYNS REALTY OF PALM BEACH 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:

SOPHIA HAYLE

(Name of Person)

REYNS REALTY OF PALM BEACH LLC

(Firm/Company)

6264 PARADISE COVE

(Address)

WPB FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

SOPHIA HAYLE

(Name of Person)

at ( 561 ) 596-2907

(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

2007 DEC 18 P 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:  
REYNS REALTY OF PALM BEACH 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:  
SOPHIA HAYLE TITLE MGR. I AM THE MGRM AND THE THE ONLY MGRM.

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

**OR**

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

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

FILED  
2007 DEC 18 P 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: 12/14/2007

*Sophia Hayle*  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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