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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 24 PM 2:08

T. Hampton DEC 26 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CST HERON MANAGEMENT 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:

KATHLEEN O. SHEPPECK

(Name of Person)

ESPRIT DE CORPS, INC.

(Firm/Company)

PO BOX 208

(Address)

ALPLAUS, NY 12008

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN O. SHEPPECK

(Name of Person)

at ( 518 ) 701-9246

(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

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## Esprit de Corps, Inc.

P.O. Box 208 \* Alplaus, New York 12008-0208  
Phone (518) 701-9246 \* Voice/Fax (518) 399-7115  
sheppeck@earthlink.net

December 20, 2007

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: CST Heron Management LLC

Dear Sir or Madame,

Please file the Articles of Correction for the above.

Please return evidence of filing to the undersigned at the address above. I have enclosed my check for 25.00 for filing.

Let me know if you have any questions.

Thank you for your kind assistance.

Very Truly Yours,



Kathleen O. Sheppeck

Enclosure

**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:  
CST HERON MANAGEMENT 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:  
The incorrect statement is: Article IV: The name and Florida street address of the registered agent is:

Craig Tulepan, 1121 Heron Bay Boulevard, #3623, Coral Springs, FL 33076. Statement is incorrect as the street # is missing a digit.

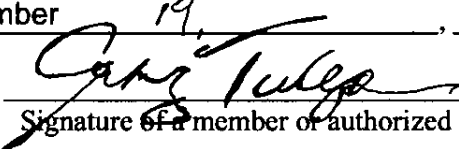
The corrected statement is as follows: Article IV: The name and Florida street address of the registered agent is:

Craig Tulepan 11231 Heron Bay Boulevard, #3623, Coral Springs, FL 33076.

**OR**

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

Dated: December 19, 2007

  
Signature of a member or authorized representative of a member

Craig Tulepan, Member

Typed or printed name of signee

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