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(Requestor's Name)

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(City/State/Zip/Phone #)

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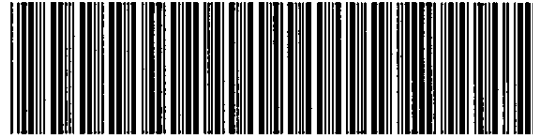
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JAN 24 2014  
FEB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Z and F Housing, 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:

**Christopher Straka**

Name of Person

**Z and F Housing, LLC**

Firm/Company

**560 Heron Drive**

Address

**Merritt Island, Florida, 32952**

City/State and Zip Code

**straka.cj@gmail.com**

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

For further information concerning this matter, please call:

**Christopher Straka**

Name of Person

at **321- 544-8655**

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 (12/13)

TALLAHASSEE, FL 32314

2015 JAN 21 PM 11:55

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

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:

Z and F Housing, LLC

L08000006418

**SECOND:** Document to be corrected is:

Florida Department of State Division Of Corporation January, 10, 2014 Annual Report

**(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:

June A. Straka was titled as an MGRM in the Authorized Person(s) Detail section of the report. She is neither an MGRM nor member. She is an Officer- Vice-President.

**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.

**Christopher Straka**

Signature of Authorized Representative

Date

1-13-14

FILED  
JAN 21 2014  
TALLAHASSEE, FLORIDA

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