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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Monroe County Sewar Assistance Program 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:

Joel Reed

(Name of Person)

The Monroe County Sewar Assistance Program LLC.

(Firm/Company)

89240 Overseas Hwy., Suite 3

(Address)

Tavernier, FL 33070

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Taylor

(Name of Person)

at ( 954 ) 592-1696

(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:  
The Monroe County Sewer Assistance Program 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 word "Sewar" was mis-spelled and should be spelled, "Sewer". The complete title should be, "The Monroe County Sewer Assistance Program LLC".

**OR**

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

Dated: \_\_\_\_\_

3/27/08

\_\_\_\_\_  
Signature of a member or authorized representative of a member

SCOTT TAYLOR

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 APR -2 PM 2:04

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