

Feb. 26, 2009 1:27PM

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LOG 000015661

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD PL
Account Number : I20030000112
Phone : (239) 263-1480
Fax Number : (239) 263-1706

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LAKE MICHIGAN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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09 FEB 26 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 26 AM 7:45

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EXAMINER

2/26/2009

((H09000045771 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Michigan, 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:

C. Lane Wood, Esq.

(Name of Person)

Salvatori, Wood, Buckel & Weidenmiller

(Firm/Company)

9132 Strada Place, Fourth Floor

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Lane Wood

(Name of Person)

at (239) 552-4100

(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 (08/05)

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**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:
Lake Michigan, 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:

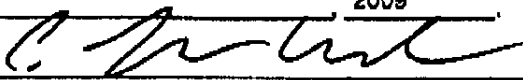
Article V.

Title: MGR

OR

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

Dated: February 26 2009


Signature of a member or authorized representative of a member

C. Lane Wood, Authorized Representative

Typed or printed name of signee

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

CR2E062 (08/05)

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DIVISION OF CORPORATIONS
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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000015661
FILED 8:00 AM
February 16, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
LAKE MICHIGAN, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
411 HENLEY DRIVE
NAPLES, FL. US 34104

The mailing address of the Limited Liability Company is:
411 HENLEY DRIVE
NAPLES, FL. US 34104

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
SALVATORI & WOOD, P.L.
9132 STRADA PLACE
SUITE 400
NAPLES, FL. 34108

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: C. LANE WOOD

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DIVISION OF CORPORATIONS
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Article V

The name and address of managing members/managers are:

Title: MGRM
ANTONIA M HIGGS
411 HENLEY DRIVE
NAPLES, FL. 34104 US

Signature of member or an authorized representative of a member

Signature: ANTONIA M. HIGGS

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February 16, 2009
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