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COVER LETTER

TO: Registration Section Division of Corporations	
GRAY HERON DEVELOPMENT SUBJECT:	NT, LLC
	of Limited Liability Company
Dear Sir or Madam:	•
The enclosed Statement of Correction and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
GREGORY BELL	
Name of Person	
GRAY HERON DEVELOPMENT, LLC	
Firm/Company	
375 GRAY HERON	
Address	
MELBOURNE, FL 32904	
City/State and Zip Code	
straka.cj@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
GREGROY BELL	321 508-6722
Name of Person	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:	
	55 Filing Fee & S60 Filing Fee, ertified Copy Certificate of Status & Certified Copy

CR2E062 (2/14)

FILED

STATEMENT OF CORRECTION FOR

2014 JUN -4 PM 12: 00

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. Ft. ORID: The name of the limited liability company is: ____ GRAY HERON DEVELOPMENT, LLC FIRST: **SECOND:** The Florida Document number of the limited liability company is: THIRD: Document to be corrected is: AUTHORIZED PERSONS (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: GREGORY BELL MISTAKENLY ADDED TWO (2) NEW MEMBERS WITHOUT APPROVAL FROM OTHER CURRENT MEMBERS WHEN 2014 ANNUAL REPORT WAS FILED. PLEASE REMOVE TYLER D. BELL, AMBR, AND JOSEPH PERSIE, AMBR, FROM AUTHORIZED PERSONS OF LLC <u>OR</u> 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. ve 2, 2014 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)