Division of Corporations Public Access System

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L. SELLERS

From:

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Phone : (561) 472-7510

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JUL 18 2009

**EXAMINER** 

# AMND/RESTATE/CORRECT OR M/MG RESIGN

## STONEWALL FARM CAT BROOKMARES, LLC

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# COVER LETTER

	tion Section of Corporations				
SUBJECT:	STONEWALL F	ARM CAT BRO	OOKMARES, LLC		
	Name	of Limited Liability Co	mpany		
Dear Sir or Madar	ma:				
The enclosed Arti	cles of Correction and fee(s)	are submitted for filing.			
Please return all e	orrespondence concerning the	is matter to the followin	g:		
	Jaimie Paul		_		
	Name of Person				
	McDonald Hopkins, I	LLC	_		
	Firm/Company				
	505 S. Flagler Drive,	#300	-		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
We	est Palm Beach, Florid	a 33401	_		
	City/State and Zip Code				
dmc	cklbbin@mcdonaldhop	kins.com	••		
E-mail addre	ess: (to be used for future ann	ual report notification)			
For further inform	nation concerning this matter,	please call:			
		<b></b>	470 0404		
	Jaimie Paul Name of Person	at ( <u>561</u> Area Co	dc & Daytime Telephons Number		
		·	•		
STREET/COUR			MAILING ADDRESS:		
Registration Section Division of Corpo			Registration Section Division of Corporations		
Clifton Building			P.O. Box 6327	<b>-4</b> .	
2661 Executive C			Tallahassee, Florida 32314	≥S:	<b>10</b>
Tallahassee, Florid	da 32301			- LA	= 77
Enclosed is a che	ck for the following amount	t:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$50 Filing Fee, Certificate of Status & Certified Copy	SSEE FL	
CR2E062 (08/05)				SIME FLORIDA	, O
		(H09000160728	3)	<b>≯</b> ™ 0i	Г

### (H090001607283)

# 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: STONEWALL FARM CAT BROOKMARES,	LLC
SECO!	ND: The articles of organization or the application to transact busin	less
(CH	<u>ECK, THE APPROPRIATE BOX AND COMPLETE THE APPLICAT</u>	LE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason incorrect, and the corrected statement are as follows:  The name of the: Should be STONEWALL FARM CONTROL STONEWALL S	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defithe appropriate correction are as follows:	ectively signed and
Dated:	July 7 , 2009	
	D 1 1. Kla	
	Signature of a member or authorized representative of a men	mber As o
	David A. McKibbin, Esq.	O9 JUL SECRET FALLAH,
	Typed or printed name of signee	** *** ******
	FUIng Fee: \$25.00 Certified Copy: \$30.00 (optional)	O AM S SSEE FL
CR2E062	2 (08/05)	8: 75 STATE LORIDA