

L10000045764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

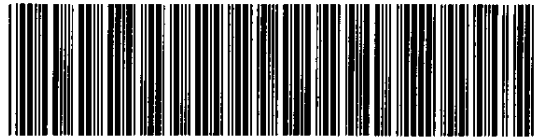
Special Instructions to Filing Officer:

**A. LUNT**

MAY 11 2010

**EXAMINER**

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05/07/10---01046---007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY - 7 PM 12:39

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEQUESTA WELLNESS AT ONE MAIN STREET 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:

CHARLES H. BURNS, ESQ.

Name of Person

Firm/Company

108 INTRACOASTAL POINTE DRIVE #100

Address

JUPITER, FL 33477

City/State and Zip Code

CBURNS@ATLANTICTITLEINC.COM

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

For further information concerning this matter, please call:

CHARLES H. BURNS, ESQ.

Name of Person

at ( 561 )

747-2600

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)

FILED  
2010 MAY - 7 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
TEQUESTA WELLNESS AT ONE MAIN STREET 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 MAILING ADDRESS INCORRECTLY LISTS A SUITE NUMBER. IT

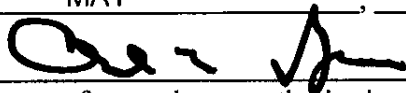
SHOULD READ: 209 TEQUESTA DRIVE, TEQUESTA, FL 33469

**OR**



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

Dated:           MAY          ,           2010          .



Signature of a member or authorized representative of a member

CHARLES H. BURNS, ESQ.

Typed or printed name of signee

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

2010 MAY -7 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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