

L10000098334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

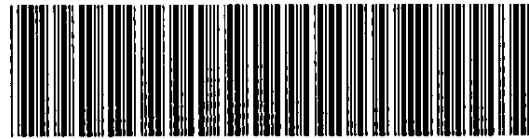
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100186749931

10/19/10--01048--017 \*\*25.00

FILED  
10 OCT 19 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 20 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMB Property Holding, 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:

David Buchovecky

Name of Person

CMB Property Holding, LLC

Firm/Company

175 Tournament Road

Address

Rotonda West, FL 33947

City/State and Zip Code

CBuch62@aol.com

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

For further information concerning this matter, please call:

David Buchovecky

Name of Person

at ( 941 ) 268-1958

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  
10 OCT 19 PM 4:19  
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:  
CMB Property Holding, 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 2nd person listed as Title MGR had her 1st name spelled incorrectly.

My accountant filled it incorrectly as Christine (with an "n").

Please remove the "n" from her 1st name. Her legal name is Christie (no "n").

Thank you.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dated: October 13th, 2010

David Buchorecky

Signature of a member or authorized representative of a member

David Buchorecky

Typed or printed name of signee

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

**FILED**  
10 OCT 19 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000098334  
FILED 8:00 AM  
September 20, 2010  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:

CMB PROPERTY HOLDING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2230 S MCCALL RD  
ENGLEWOOD, FL. 34224

The mailing address of the Limited Liability Company is:

2230 S MCCALL RD  
ENGLEWOOD, FL. 34224

**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:

DAVID BUCHOVECKY  
175 TOURNAMENT RD  
ROTONDA, FL. 33947

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: DAVID BUCHOVECKY

### **Article V**

L10000098334  
FILED 8:00 AM  
September 20, 2010  
Sec. Of State  
dbruce

• • The name and address of managing members/managers are:

Title: MGRM  
DAVID BUCHOVECKY  
175 TOURNAMENT RD  
ROTONDA, FL. 33947

Title: MGR  
CHRISTINE BUCHOVECKY  
175 TOURNAMENT RD  
ROTONDA, FL. 33947

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/20/2010

Signature of member or an authorized representative of a member

Signature: DAVID BUCHOVECKY