

L10000105218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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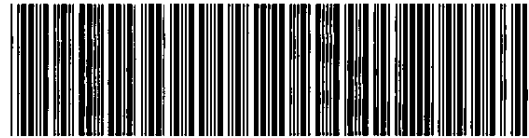
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 12 2010

EXAMINER

L10-105218

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHFORD LANE, 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:

William C. Phillippi

Name of Person

Lubell and Rosen LLC

Firm/Company

Suite 602, 200 S. Andrews Avenue

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

wcp@lubellrosen.com

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

For further information concerning this matter, please call:

William C. Phillippi

Name of Person

at (954)

548-3348
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 OCT 11 AM 9:30
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:
ASHFORD LANE, 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 name of the Manager is misspelled. The Manager's correct name is Carol

A. Tait.

OR



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

Dated: October 8, 2010

William C. Phillippi

Signature of a member or authorized representative of a member

William C. Phillippi

Typed or printed name of signee

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

2010 OCT 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L10000105218
FILED 8:00 AM
October 07, 2010
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

ASHFORD LANE, LLC

Article II

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

12041 ASHFORD LANE
DAVIE, FL. US 33325

The mailing address of the Limited Liability Company is:

12041 ASHFORD LANE
DAVIE, FL. US 33325

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:

A C DOUBLE P CORPORATE SERVICES, INC.
200 S. ANDREWS AVENUE
SUITE 602
FORT LAUDERDALE, FL. 33301

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: WILLIAM C. PHILLIPPI, PRESIDENT

Article V

The name and address of managing members/managers are:

Title: MGR
CAROLE A TAIT
12041 ASHFORD LANE
DAVIE, FL. 33325 US

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FILED 8:00 AM
October 07, 2010
Sec. Of State
jbryan

Signature of member or an authorized representative of a member

Signature: WILLIAM C. PHILLIPPI