

Division of Corporations

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L10000128151

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : COX & NICI
Account Number : I20000000223
Phone : (239) 254-0706
Fax Number : (239) 254-0709

SECRETARY OF STATE
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GREEN GABLES, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER

DEC 21 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Gables, LLC (Document # L10000128151)

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:

James R. Nici, Esq.

Name of Person

Cox & Nici

Firm/Company

1185 Immokalee Rd., Suite 110

Address

Naples, FL 34110

City/State and Zip Code

jnici@coxnici.com

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

For further information concerning this matter, please call:

Kathy Valentine

Name of Person

at (239)

254-0706

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

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**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:
Green Gables, 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:
Effective date is to be January 1, 2011

OR

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

Dated: December 20, 2010

David L. Copham
Signature of a member or authorized representative of a member

David L. Copham, Manager
Typed or printed name of signer

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

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