L11000020368

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JAN 2 1 2013

T. HAMPTON

COVER LETTER ,

TO: Registration Section Division of Corporations

SUBJECT: Brightwater Funding Partners, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Brightwater Funding Partners, LLC

Firm/Company

850 Concourse Pkwy S. Ste 120

Address

Maitland FL 32751

City/State and Zip Code

rachel@thebrightwatergroup.com

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

For further information concerning this matter, please call:

Norma Delgado

Name of Person

Area Code

□ \$55 Filing Fee &

Certified Copy

、800-7163 ext 205

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$30 Filing Fee & Certificate of Status \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (12/13)

STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>: The name of the limited liability company is:

Brightwater Funding Partners, LLC

SECOND: Document to be corrected is:

FEI Number 11000020368

(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:

FEI Number incorrect: 45-4230222

Duplicate FEI Number with another company

FEI Number correction: 27-5010904

<u>OR</u>

 \Box

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

		SECRET/CO	7 NALI+102	
OR The electronic transpoission of the record was defective.			PH 7 00	EO
Signature of Authorized Representative	- 8- \$ Date	<u> </u>		

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