

L11000073354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

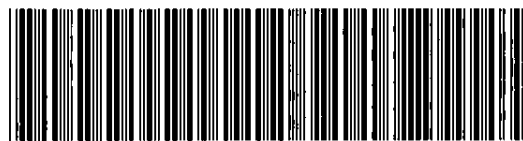
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600209463766

07/01/11--01012--007 **25.00

FILED
11 JUL - 1 PM 4:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA INVESTMENT PROPERTIES R & M, 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:

Rosanna Greaux

Name of Person

Firm/Company

4764 Concordia Ln

Address

Boynton Beach, FL 33436

City/State and Zip Code

insleaders@att.net

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

For further information concerning this matter, please call:

Rosanna Greaux

Name of Person

at (561)

577-0367

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)

RECEIVED
STATE
TALLAHASSEE, FLORIDA

11 JUL - 1 PM 4:06

**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.

L11000073354

FIRST: The name of the limited liability company is:
FLORIDA INVESTMENT PROPERTIES R & M, 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 incorrect statement is: May Stiglech MGR

The correct statement is: May Stiglich MGR

OR



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

Dated: June 27th, 2011

Daniela Sar

Signature of a member or authorized representative of a member

DANIELA SAR

Typed or printed name of signee

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

FILED
11 JUL - 1 PM 4:06
STATE
TALLAHASSEE FLORIDA