

L11000102066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

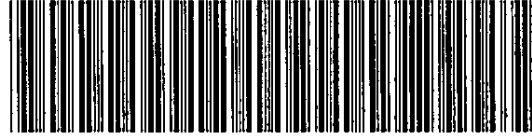
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400286362864

05/31/16--01042--005 \*\*25.00

FILED  
2016 MAY 31 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 31 PM 4:45  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELMONT LANE 207, 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:

MARK J. LABATE, ESQ.

Name of Person

MARK J. LABATE, P.A.

Firm/Company

2744 East Commercial Boulevard

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

markjlabate@gmail.com

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

For further information concerning this matter, please call:

MARK J. LABATE

Name of Person

954

Area Code

545-3605

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

**STATEMENT 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.

**FIRST:** The name of the limited liability company is: BELMONT LANE 207, LLC

**SECOND:** The Florida Document number of the limited liability company is: L11000102066

**THIRD:** Document to be corrected is: 2016 ANNUAL REPORT

**(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:

Alain Dewe is incorrectly listed as the manager, whereas Ghislaine Dewe,  
whose address is 2744 E. Commercial Blvd., Ft. Lauderdale, FL,  
is truly the manager.

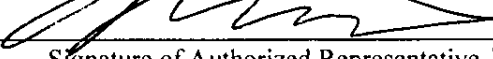
**OR**

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

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

**OR**

- ☐ The electronic transmission of the record was defective.

 MARK J. LABATG, 05-25-2016  
Signature of Authorized Representative *authorized representative* Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

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