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(Requestor's Name) (Address)	700286559457
(Address) (City/State/Zip/Phone #)	06/07/1601019009 **25.00
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1470 S TREASURE ISLAND, LLC

Name of Limited Liability Company

Dear Sir or Madam:

ł,

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

Name of Person

MARK J LABATE, PA

Firm/Company

2744 E Commercial Blvd

Address

Ft 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

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

Daytime Telephone Number

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:

S25 Filing Fee

S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

•		S	TATEMENT OF CORRECTION
	,		FOR
FL (ORIDA	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: 1470 S TREASURE ISLAND, LLC

The Florida Document number of the limited liability company is: _____ SECOND: Document to be corrected is: 2016 ANNUAL REPORT

THIRD:

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

X 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 33308, is truly the manager.

<u>OR</u>

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

	HAN .	
<u>OR</u>	թн 5։ Բենք	\Box
The electronic transmission of the record was defective.		
Man	06/03/16	
Signature of 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: **Certified Copy:**

\$25.00 \$30.00 (optional)