

**L110000132152**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

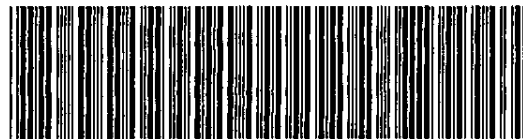
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**L. SELLERS**

DEC 8 2011

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11 DEC -6 PM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL SEASONS SUITES 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:

MARINA HUANG

Name of Person

ALL SEASONS SUITES LLC

Firm/Company

% 1680 MERIDIAN AVE #102

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

marina @ sbirealty.com

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

For further information concerning this matter, please call:

MARINA HUANG

Name of Person

at (305) 635 1903

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)

**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:  
   All Seasons Suites 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:

Incorrect: Alan Lieberman listed a MGR

Mistake in filing

Corrected Statement: Alan Lieberman Management Corp. Inc is MGRM

Corrected Statement: Nathan Lieberman is also MGRM

**OR**



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

Dated: \_\_\_\_\_

DECEMBER 1, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALAN LIEBERMAN

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee:            \$25.00

Certified Copy:     \$30.00 (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC -6 PM 9:35

**FILED**