

L120000082254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

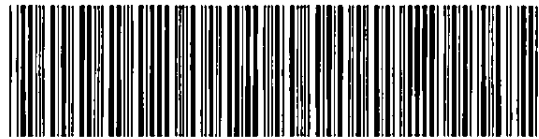
(Document Number)

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

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wrong form 8/19

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ALL INFORMATION CONTAINED  
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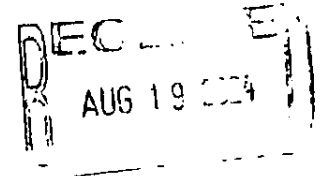
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2024

7849 N TRAIL LLC  
RODNEY DESSBERG  
3935 N WASHINGTON BLVD  
SARASOTA, FL 34234



SUBJECT: 7849 N TRAIL LLC  
Ref. Number: L12000082254

We have received your document for 7849 N TRAIL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 524A00016079

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7849 N. TRAIL 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:

Rodney Dessberg  
Name of Person

7849 N. Trail LLC  
Firm/Company

3935 N. Washington Blvd  
Address

Sarasota FL 34234  
City/State and Zip Code

Rodney @ E-bred.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodney Dessberg at (941) 302-5337  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: 7849 N TRAIL LLC

**SECOND:** The Florida Document number of the limited liability company is: L12000082254

**THIRD:** Document to be corrected is: 7849 N Trail LLC

**(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:

Title Account Manager Melissa Hull was  
entered in error and without authorization  
from MGRM please remove title name and any  
OR authority from corporation.

- ☐ 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.

\_\_\_\_\_  
Signature of Authorized Representative  
\_\_\_\_\_  
Date 8/2/24

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)**