

L12000093587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

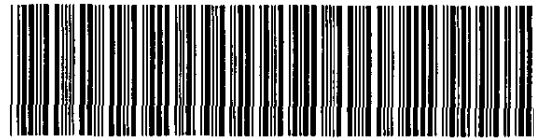
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EXAMINER



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08/10/12--01004--006 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 3:24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2012

DONNA JONES, LEGAL ASST TO DANIEL M. COTON, ESQ.
TRINKLE, REDMAN, SWANSON, COTON, DAVIS
121 N. COLLINS ST
PLANT CITY, FL 33563

SUBJECT: CITY ADVENTURES, LLC
Ref. Number: L12000093587

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 3:21

We have received your document for CITY ADVENTURES, 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):

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 112A00020848

8/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: City Adventures, LLC

Name of Corporation

DOCUMENT NUMBER: L12000093587

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Jones, Legal Asst to Daniel M. Coton, Esquire

Name of Contact Person

Trinkle, Redman, Swanson, Coton, Davis & Smith, P.A.

Firm/Company

121 N. Collins St

Address

Plant City, Florida 33563

City/State and Zip Code

djones@trinkle-redman.com

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

For further information concerning this matter, please call:

Donna Jones, Legal Asst

Name of Contact Person

at (813)

752-6133

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 3:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: City Adventures, 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:

Donna Jones, Legal Asst

Name of Person

Trinkle Law

Firm/Company

121 N. Collins St

Address

Plant City, Florida 33563

City/State and Zip Code

djones@trinkle-law.com

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

For further information concerning this matter, please call:

Donna Jones

Name of Person

at (813)

752-6133

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)

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DIVISION OF CORPORATIONS
12 AUG 10 PM 3:24

**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:

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 initial managing member was named incorrectly and should be

John C. Helton.

OR



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

Dated: August 30, 2012


Signature of a member or authorized representative of a member

John C. Helton

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 10 PM 3:24