

L12000 102 007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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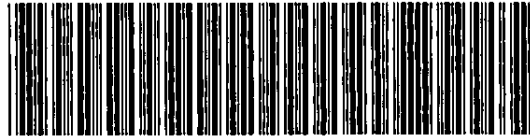
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 18 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GREAT LUCK, 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:

KRISTY J. WHITE

Name of Person

CS SUNBIZ, LLC

Firm/Company

700 WEST MORSE BOULEVARD, SUITE 220

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

KWHITE@AHG-GROUP.COM

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

For further information concerning this matter, please call:

KRISTY J. WHITE

Name of Person

at (

407

Area Code

691-5600

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: GREAT LUCK, LLC

SECOND: The Florida Document number of the limited liability company is: L12000102007

THIRD: Document to be corrected is: 2015 LIMITED LIABILITY COMPANY 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:

"CURRENT PRINCIPAL PLACE OF BUSINESS", "CURRENT MAILING ADDRESS", AND THE

"AUTHORIZED PERSON(S) DETAIL" ARE INCORRECT. THE CORRECTIONS ARE AS FOLLOWS:

<u>CURRENT PRINCIPAL ADDRESS</u>	<u>CURRENT MAILING ADDRESS</u>	<u>AUTHORIZED PERSON(S) DETAILS</u>
10801 SYCAMORE SPRINGS LANE GREAT FALLS, VA 22066	P.O. BOX 380 GREAT FALLS, VA 22066	ADDRESS: P.O. BOX 380 CITY-STATE-ZIP: GREAT FALLS, VA 22066

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.

Signature of Authorized Representative

9-11-2015

Date

2015 SEP 17 PM 5:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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)