

L13 000061614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

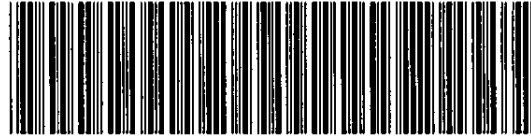
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261382444

06/23/14--01003--005 **25.00

16 JUN 23 PM 12:55
MILWAUKEE, WI - FIDELITY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Star Capital Partners, 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:

Steven M. Chamberlain

Name of Person

Firm/Company

752 E. Silver Springs Blvd.

Address

Ocala, FL 34470

City/State and Zip Code

steve@gatortaxguy.com

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

For further information concerning this matter, please call:

Steven M. Chamberlain

352

512-0190

Name of Person

at (_____) _____

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

**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: Star Capital Partners, LLC

SECOND: The Florida Document number of the limited liability company is: L13000061614

THIRD: Document to be corrected is:
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:

left off name of 2nd Manager. The 2nd Manager and his address are Chandler J.

Rapson, 3911 Americana Drive, Tampa, FL 33634

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

June 18, 2014

Date

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