

L13000178326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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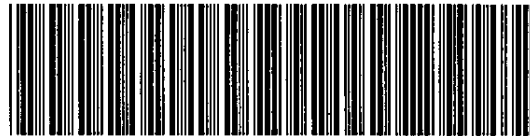
(Business Entity Name)

(Document Number)

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2014 JAN 29 AM 1:41
CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BERMUDA DUNES INVESTMENT 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:

WONG, TSUNLIEN

Name of Person

Firm/Company

1080 CYPRESS PARKWAY #131

Address

KISSIMMEE FL 34759

City/State and Zip Code

lillyw21@gmail.com

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

For further information concerning this matter, please call:

WONG, TSUNLIEN

Name of Person

at (**407**)

Area Code

5386068

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

2014 JAN 29 AM 1:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:
BERMUDA DUNES INVESTMENT LLC

SECOND: Document to be corrected is:

L13-178326

(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 EFFECTIVE DATE FOR THE COMPANY IS 01/01/2014

INSTEAD OF 12/26/2013

OR



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

TALLAHASSEE, FLORIDA
2014 JAN 29 AM 1:41

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

1/28/2014

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