

# L140000005167

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

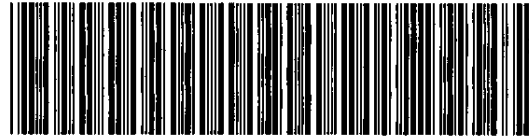
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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01/27/14--01009--015 \*\*25.00

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**FILED**  
2014 FEB -4 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 5 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2949 Coconut Ave, 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:

Alexis Gonzalez, Esq.

Name of Person

Law Office of Alexis Gonzalez, P.A.

Firm/Company

3162 Commodore Plaza, Suite 3E

Address

Cocount Grove, Florida 33133

City/State and Zip Code

alexis@aglawpa.com

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

For further information concerning this matter, please call:

Alexis Gonzalez at ( 305 ) 223-9999  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2014

ALEXIS GONZALEZ ESQ  
3162 COMMODORE PLAZA  
STE 3E  
COCONUT GROVE, FL 33133

SUBJECT: 2949 COCONUT AVE, LLC  
Ref. Number: L14000005167

We have received your document for 2949 COCONUT AVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

On the second line please list what document you are correcting. (example: Articles of Organization, Article of Amendment, etc).

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 214A00002230

**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:  
2949 Coconut Ave, LLC

**SECOND:** Document to be corrected is:  
Articles of Organization

**(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 name of the LLC was incorrectly inputed while preparing the  
documents for the LLC filing. The correct name of the LLC is  
Mountain Cove Homes at 2949 Coconut Ave., LLC.

**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

1/31/14  
Date

2014 FEB -4 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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