

L140000022954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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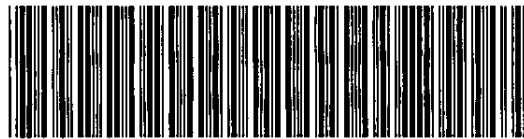
(Business Entity Name)

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FEB 20 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MURRELLS INLET EQUITY, 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:

CATHY SCOTT

Name of Person

RENDINA COMPANIES

Firm/Company

661 UNIVERSITY BLVD., #200

Address

JUPITER, FL 33458

City/State and Zip Code

CSCOTT@RENDINA.COM

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

For further information concerning this matter, please call:

CATHY SCOTT

Name of Person

561

Area Code

630-5055

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 FEB 19 AM 10:48
FEB 19 2014
FEB 19 2014

**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:
MURRELLS INLET EQUITY, LLC L14-22954

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:

Article III is incorrect as it is incomplete.

Article III should read as follows:

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business.

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.

Cathy Scott
Signature of Authorized Representative

February 11, 2013
Date

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

FILED
2014 FEB 19 AM 10:48
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF FLORIDA