

L14000030231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

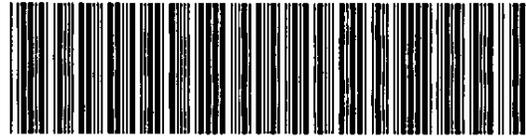
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 06 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2445 E Main Street, 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:

Samuel A. Houghton
Name of Person

HoughtonPA
Firm/Company

625 E. Lime Street Suite 1
Address

Lakeland, Florida 33801
City/State and Zip Code

shoughton@houghtonpa.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE

For further information concerning this matter, please call:

Samuel A. Houghton at (863) 899-2671
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

**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:
2445 E. Main Street, LLC

SECOND: Document to be corrected is:
Articles of Organization - Document #L14000030231

(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 company is incorrect. The name was not correctly inputted.

The name of the company should be Main Street Oaks, 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

2-21-14
Date

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

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