

L 14000068479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

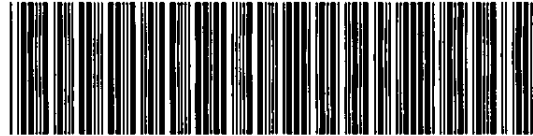
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureau MAY 22 4:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSR PROPERTIES 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:

WILLIAM OSORIO

Name of Person

OSR PROPERTIES LLC

Firm/Company

12815 S.W. 134th TERRACE

Address

MIAMI, FL 33186

City/State and Zip Code

WILLOSORIO12@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM OSORIO

Name of Person

305

Area Code

790-1849

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|--|

CR2E062 (2/14)

**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: OSR PROPERTIES LLC

SECOND: The Florida Document number of the limited liability company is: L14000068479

THIRD: Document to be corrected is:
NAME

(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:

THERE WAS A TYPO WHEN FILING

THE CORRECT NAME SHOULD BE:

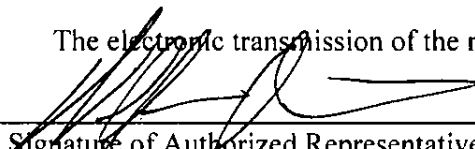
OSR NOT ORS

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.

X  5/15/14
Signature of Authorized Representative Date

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