

L14000073393

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JUN 17 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resurrection Realty 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:

Sheri Ann Slusher

Name of Person

Resurrection Realty LLC

Firm/Company

PO Box 1821

Address

Deland FL 32721

City/State and Zip Code

colladosheri@gmail.com

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

For further information concerning this matter, please call:

Sheri A Slusher

386

266-7134

Name of Person

at ()

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

CR2E062 (2/14)

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**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: Resurrection Realty LLC

SECOND: The Florida Document number of the limited liability company is: L14000073393

THIRD: Document to be corrected is:
Article of Organization for FL LLC Sheri A Slusher Manager not AR

(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:

Sheri A Slusher should be listed as manager not authorized representative

Please change title to manager
for Sheri A. Slusher

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

6/14/14
Date

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