

L14000081977

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From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OAKLAND DEVELOPMENT PARTNER, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OAKLAND DEVELOPMENT PARTNER, 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:

Joanna Plessis, Esq.

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

INFO@SERBERLAWFIRM.COM

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

For further information concerning this matter, please call:

Joanna Plessis

305

932-6262

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

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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: OAKLAND DEVELOPMENT PARTNER,

SECOND: The Florida Document number of the limited liability company is: L14000081977

THIRD: 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:

STEVE LEVY WAS INCORRECTLY LISTED AS A MANAGER AND SHOULD

REPLACED WITH:

DAVID FRANK, C/O 2875 N.E. 191st ST, STE 801, AVENTURA, FL 33180

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.

/s/ JOANNA PLESSIS, ESQ.

06/30/2014

Signature of Authorized Representative

Date

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

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