

L14 0000 87779

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SEALING DIV
TALLAHASSEE, FLORIDA

46thers JUN 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1701 Riveria, 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:

Lisa Jackson

Name of Person

Mack Industrial, Inc.

Firm/Company

1499 SW 30th Ave., Suite 16

Address

Boynton Beach, FL. 33426

City/State and Zip Code

lmjackson@mackindustrial.com

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

For further information concerning this matter, please call:

Lisa Jackson

561

738-7576

at ()

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: 1701 Riveria, LLC

SECOND: The Florida Document number of the limited liability company is: L14000083779

THIRD: Document to be corrected is:
1701 Riviera, LLC

(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 LLC was misspelled at the time of organization.

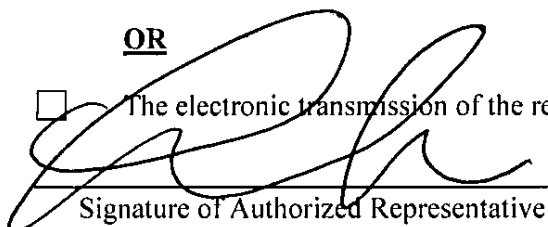
The correct spelling is 1701 Riviera, LLC.

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

6/10/14
Date

FILED
14 JUN 12 AM 10:37
TALLAHASSEE, FLORIDA

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