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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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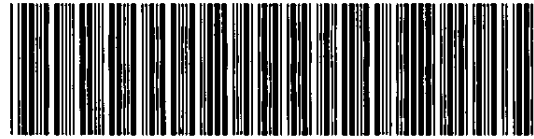
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 25 PM 4: 29

JUL 25 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4720 Mimosa 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:

Jacob A. Bryant

Name of Person

4720 Mimosa LLC

Firm/Company

2297 SE 12TH ST.

Address

Pompano Beach, FL 33062

City/State and Zip Code

bryant.ja@gmail.com

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

For further information concerning this matter, please call:

Jacob A. Bryant

954

461-6218

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

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: 4720 Mimosa LLC

SECOND: The Florida Document number of the limited liability company is: L14000109999

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:

Jacob A. Bryant and Luanne P. Bryant titles are MGR.

I Jacob A. Bryant misunderstood the designations.

Both Jacob A. Bryant and Luanne P. Bryant are Authorized Members (AMBR)

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

7/23/14
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 25 PM 4:29

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