

8/15/2014

**L140001931553**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : LICENSES ETC INC  
Account Number : 120070000159  
Phone : (239) 777-1028  
Fax Number : (877) 275-3593

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: etc@licensesetc.com

RECEIVED  
14 AUG 15 PM 3:45  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PARK SHORE POOLS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARK SHORE POOLS, 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:

Sean Dinneen

Name of Person

Licenses, Etc., Inc.

Firm/Company

886 110th Ave. N, Suite 6

Address

Naples, FL 34108

City/State and Zip Code

etc@licensesetc.com

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

For further information concerning this matter, please call:

Sean Dinneen

Name of Person

at ( 239 )

Area Code

592-4381

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: PARK SHORE POOLS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000115649

**THIRD:** Document to be corrected is:

**(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:

Under the "Authorized Person(s) Detail" section, the address for Park Shore Pools, LLC as AMBR should be:

1521 Concord Pike, Suite 301

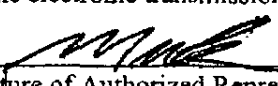
Wilmington, DE 19803

**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

8-14-14  
Date

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L14000115649  
FILED 8:00 AM  
July 23, 2014  
Sec. Of State  
kasaly**

**Article I**

The name of the Limited Liability Company is:

PARK SHORE POOLS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3823 TAMIAMI TR. E  
#413  
NAPLES, FL. 34112

The mailing address of the Limited Liability Company is:

3823 TAMIAMI TR. E  
#413  
NAPLES, FL. 34112

**Article III**

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS, INC.

#### **Article IV**

- The name and address of person(s) authorized to manage LLC:

Title: AMBR  
PARK SHORE POOLS, LLC  
3823 TAMiami TR. E #413  
NAPLES, FL. 34112

**L14000115649**  
**FILED 8:00 AM**  
**July 23, 2014**  
**Sec. Of State**  
kasaly

Signature of member or an authorized representative

Electronic Signature: JAY WEBB, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.