

L14000122640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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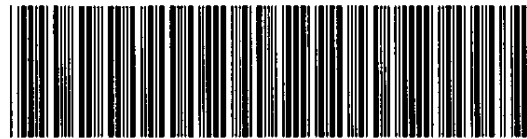
(Business Entity Name)

(Document Number)

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2014 AUG 11 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG 11 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CC Unique Wood Design 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:

LINDA J MASON, CPA

Name of Person

LINDA J MASON CPA

Firm/Company

4428 SANIBEL WAY

Address

BRADENTON FL 34203

City/State and Zip Code

LSmasoncpa@tampabay.rr.com

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

For further information concerning this matter, please call:

LINDA MASON at (941) 447-3265

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

FILED

2017 AUG 11 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CC UNIQUE WOOD  
DESIGN LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000122640

**THIRD:** Document to be corrected is:  
ARTICLE IV & V

**(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:

Individual listed incorrectly  
Replace Jared L Peters, 3280 51st Ave  
Dr W, Bradenton, FL 34207 with  
William R Pritchard, 2505 51st Ave TERR W  
OR Bradenton, FL 34207

- ☐ 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.

William R Pritchard  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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

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

L14000122640  
FILED 8:00 AM  
August 05, 2014  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
CC UNIQUE WOOD DESIGN LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2505 51ST AVE TER W  
BRADENTON, FL. 34207

The mailing address of the Limited Liability Company is:  
2505 51ST AVE TER W  
BRADENTON, FL. 34207

**Article III**

Other provisions, if any:  
ANY AND ALL LAWFULL ACTIVITIES

**Article IV**

The name and Florida street address of the registered agent is:  
JARED L PETERS  
3280 51ST AVE DR W  
BRADENTON, FL. 34207

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: JARED L PETERS

### Article V

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

Title: MGMB  
JARED L PETERS  
3280 51ST AVE DR W  
BRADENTON, FL. 34207

L14000122640  
FILED 8:00 AM  
August 05, 2014  
Sec. Of State  
dbruce

Signature of member or an authorized representative

Electronic Signature: LINDA J MASON

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.