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COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: LAKE LIVING, 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:

HEIDI HOLDAM

Name of Person

H.G. HOLDAM TAX & ACCOUNTING, INC.

Firm/Company

3830 JOG ROAD

Address

LAKE WORTH, FL 33467

City/State and Zip Code

HEIDIH@FDN.COM

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

For further information concerning this matter, please call:

LESLIE S. WURZBURGER

561

414-4012

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: LAKE LIVING, LLC.

SECOND: The Florida Document number of the limited liability company is: L14000127700

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:

REGISTERED AGENT (ARTICLE III) AND AMBR (ARTICLE IV): LESLIE L.

WURZBURGER IS INCORRECT BECAUSE THE MIDDLE INITIAL IS

INCORRECT. IT SHOULD READ:

LESLIE S. WURZBURGER

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.

Janie S. Wyl
Signature of Authorized Representative

8/17/14

Date

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