

L14000131544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263439327

09/24/14--01028--003 **25.00

FILED
2014 SEP 24 PM 3:38
CLERK OF STATE
TALLAHASSEE FLORIDA

SEP 29 2014
J. BRUCE

WALTERS
LEVINE
KLINGENSMITH
& THOMISON
ATTORNEYS AT LAW
CHICAGO • SARASOTA • TAMPA

ALAN F. GONZALEZ, LL.M.

agonzalez@walterslevine.com
www.walterslevine.com

601 BAYSHORE BOULEVARD
SUITE 720
TAMPA, FLORIDA 33606
(813) 254-7474
(813) 254-7341 FAX

September 16, 2014

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: SNOW BIRDS ESTATE, LLC
Our File No. 1924-003

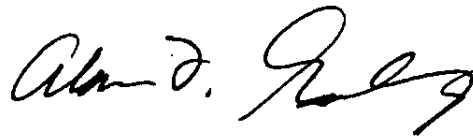
Gentlemen:

Enclosed is a Statement of Correction as well as the \$25.00 required fee for processing the same.

Thank you for your assistance.

Very truly yours,

WALTERS LEVINE KLINGENSMITH
& THOMISON, P.A.



Alan F. Gonzalez, LL.M., Esquire

ccmn
Enc.

FILED
2014 SEP 24 PM 3:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNOW BIRDS ESTATE, 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:

Alan F. Gonzalez, Esquire

Name of Person

Walters, Levine, Klingensmith & Thomison, P.A.

Firm/Company

601 Bayshore Blvd., Suite 720

Address

Tampa, FL 33606

City/State and Zip Code

agonzalez@walterslevine.com

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

For further information concerning this matter, please call:

Alan F. Gonzalez, Esquire

813

254-7474

Name of Person

at (

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)

2014 SEP 24 PM 3:38
RECEIVED
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS

FILED

**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: SNOW BIRDS ESTATE, LLC

SECOND: The Florida Document number of the limited liability company is: L14000131544

THIRD: Document to be corrected is:
Articles of Incorporation

(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:

Manager's name of Clarence J. Snyder is incorrect.

Manager's correct name should be Clarence J. Snyder, III

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

September 10, 2014

Date

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

FILED
2014 SEP 24 PM 3:38
CLERK OF COURT
JUDICIAL CIRCUIT IN FLORIDA