

L 14000 1470 41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

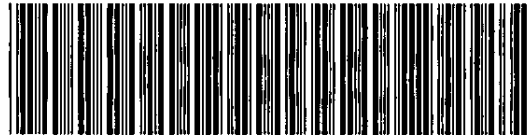
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600264159706

09/24/14--01011--020 \*\*25.00

FILED

14 DEC 11 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 11 2014

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CBD Asset Management 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:

**Brandy Watley**

\_\_\_\_\_  
Name of Person

**Watlee Construction Inc**

\_\_\_\_\_  
Firm/Company

**4755 Se Dixie Hwy Suite 1537**

\_\_\_\_\_  
Address

**Port Salerno FL 34992**

\_\_\_\_\_  
City/State and Zip Code

**brandy@wcifl.com**

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

For further information concerning this matter, please call:

**Brandy Watley**

at ( **772** ) **223 0604**

\_\_\_\_\_  
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

CR21:062 (2/14)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2014

BRANDY WWATLEY  
WATLEE CONSTRUCTION INC  
4755 SE DIXIE HWY SUITE 1537  
PORT SALERNO, FL 34992

SUBJECT: CBD ASSETT MANAGEMENT LLC  
Ref. Number: L14000147041

RECEIVED  
14 DEC 11 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for CBD ASSETT MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill  
Registration Specialist II

Letter Number: 914A00021307

**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: CBD Asset Management LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000147041

**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:

Article I, name to be changed to

CBD Asset Management, LLC

**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.

Brendy L. Warr  
Signature of Authorized Representative

9.23.14  
Date

**FILED**  
14 DEC 11 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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