

L14000158981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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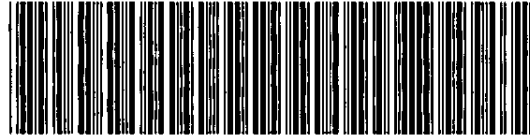
(Business Entity Name)

(Document Number)

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2014 OCT 30 AM 10:04

CLERK OF STATE  
TALLAHASSEE, FLORIDA

OCT 31 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**The Creative Shelter**

**SUBJECT:** \_\_\_\_\_  
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:

**SUSIE K. TAYLOR**

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

**The Creative Shelter LLC**

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

**12864 Biscayne Boulevard, Suite 254**

\_\_\_\_\_  
Address

**Miami, Florida**

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

**sooze253@mac.com**

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

For further information concerning this matter, please call:

**SUSIE K. TAYLOR**

**305**

**799-3262**

\_\_\_\_\_  
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)

**FILED**  
2014 OCT 30 AM 10:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.

The Creative Shelter

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

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

**THIRD:** Document to be corrected is:  
L14000158981

**(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:

The principal address is wrong. The address must be changed to:

12864 Biscayne Boulevard, Suite 254,

MIAMI, FL 33127 Miami, Florida 33127

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2014 OCT 30 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**OR**

- ☐ The electronic transmission of the record was defective.

X  Signature of Authorized Representative

X 10-24-14 Date

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