

L14000168347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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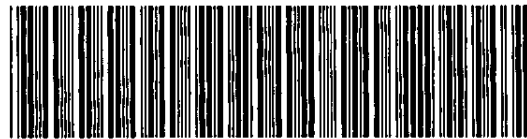
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBM REALITY GROUP II, 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:

Charles B McCrimmon
Name of Person

CBM REALITY GROUP II, LLC
Firm/Company

5307 Rainbow Drive
Address

Temple Terrace, FL 33617
City/State and Zip Code

Charles.mccrimmon@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B McCrimmon at (813) 527-5012
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: CBM REALITY GROUP II, LLC

SECOND: The Florida Document number of the limited liability company is: L14000168347

THIRD: Document to be corrected is:
Articles of Incorporation (NAME OF COMPANY)

(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:

CBM REALITY GROUP II, LLC (incorrect)
S/B CBM REALTY GROUP II, LLC (correct)

Please change company NAME TO correct spelling.

OR



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

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TALLAHASSEE, FLORIDA

OR



The electronic transmission of the record was defective.

Charles B. McCimmon
Signature of Authorized Representative

12-10-14
Date

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