

L14000168729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J SQUARED OF ISLAND GROVE, 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:

GREGORY S. FLANAGAN, ESQ.

Name of Person

GREGORY S. FLANAGAN, PA

Firm/Company

2701 SE MARICAMP ROAD, STE. 104

Address

OCALA, FL 34471

City/State and Zip Code

MJDUR@AOL.COM

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

For further information concerning this matter, please call:

GREG FLANAGAN

352

732-2773

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

**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: J SQUARED OF ISLAND GROVE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000168729

**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:

THE INCORRECT STATEMENT IS IN ARTICLE III - WHICH READS "THIS IS A  
MANAGER MANAGED MUTI-MEMBER LLC..." THE STATEMENT WAS NOT  
CORRECT AS THE LLC WAS A SINGLE MEMBER LLC AT THE TIME OF  
FILING SO "MULTI-MEMBER" SHOULD HAVE BEEN "SINGLE MEMBER".

**OR**

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

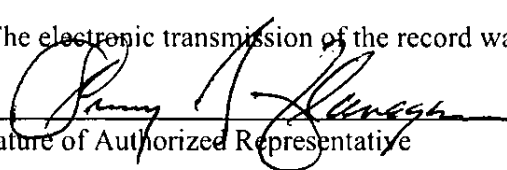
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

 1/5/15

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

FILED  
15 JAN - 7 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA