

U4000170810

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(City/State/Zip/Phone #)

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J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ponta Vedra Realtors 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:

Jeffery Morgan

Name of Person

Firm/Company

13076 Chelsea Habor DR S

Address

Jacksonville, FL 32224

City/State and Zip Code

jeff.urbanland@gmail.com

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

please e-mail if possible, waiting to work.

For further information concerning this matter, please call:

Jeff Morgan

Name of Person

904

Area Code

551-9357

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

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TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

**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: Ponta Vedra Realtors LLC

SECOND: The Florida Document number of the limited liability company is: L14000170810

THIRD: Document to be corrected is:
Name misspelling L14000170810

(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:

Ponte Vedra is misspelled as Ponta , should be Ponte

Needs to be Ponte Vedra Realtors 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.

Jeffery Morgan Jeffery Morgan
Signature of Authorized Representative

11/4/2014
Date

STATE
OF
FLORIDA
CLERK OF
COURT

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FILED

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