

U4000178344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redtail Place, 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:

Gary A. Forster

Name of Person

Forster Boughman & Lefkowitz

Firm/Company

2200 Lucien Way, Ste. 405

Address

Maitland, FL 32751

City/State and Zip Code

mtomei@appletextbooks.com

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

For further information concerning this matter, please call:

Gary A. Forster

407

255-2055

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)

**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: Redtail Place, LLC

SECOND: The Florida Document number of the limited liability company is: L14000178344

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 registered agent should be Melissa Haynie, the registered agent was
incorrectly filed as Melissa Roudi.

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

12/03/14

FILED
14 DEC -9 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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