

#L14000187306

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DEC 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R NOTT RANCH, 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:

RICHARD A. HEINLE, ESQ.

Name of Person

POHL & SHORT, P.A.

Firm/Company

280 W. CANTON AVENUE, SUITE 410

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

HEINLE@POHLSHORT.COM

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

For further information concerning this matter, please call:

RICHARD A. HEINLE

Name of Person

at (407)

Area Code

647-7645

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: R NOTT RANCH, LLC

SECOND: The Florida Document number of the limited liability company is: L14000187306

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION FOR R NOTT RANCH, LLC

(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 Address in Article II, IV and V should read as follows:

7400 Bridal Path Lane, Cocoa, Florida 32927

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.

Gloria Earline Arnott

Signature of Authorized Representative
Gloria Earline Arnott, Manager

12/11/14

Date

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