## 615000001575

Office Use Only



000265725520

15 JAN -6 PM 4: 49
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

DEPARTMENT OF STATE

Tamon Hill ... 7 2015

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/6/15

NAME: WATER CITY HOLDINGS LLC

TYPE OF FILING: CORRECTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Water City Holdings LLC		
SUBJECT:	Name of Limited Link	illty Company
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s	) are submitted for filin	g
Please return all correspondence concerning thi	s matter to the following	g:
Linda Hunt		
Name of Person	<u></u>	-
Frost Brown Todd LLC	•	
Firm/Company		_
400 West Market Street, 32nd Floor	r	:
Address		<u>-</u>
Louisville, KY 40202-3363	•	•
City/State and Zip Code		-
lhunt@fbtlaw.com	٠,	•
E-mail uddress: (to be used for future ann	ual report notification)	
For further information concerning this matter,	please call:	
Linda Hunt	502	779-8585
Name of Person	at (at Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount 5/\$25 Filing Fee  \$\square\$30 Filing Fee &	l: □ \$55 Filing Fee &	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
CR2E062 (2/14)		;

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

;·	The name of the limited liability company is: Water City Holdings LLC		
ND:	The Florida Document number of the limited liability company is: L150000018		
<u>D</u> ;	Document to be corrected is: Articles of Organization	ected is:	
<u>(C</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	STATEMENT	
	ains an incorrect statement. The incorrect statement, the reason the statement eted statement are as follows:	nt is incorrect, a	
The	city for the principal office address was stated incorrectly. The correct	ct city is:	
Cap	e Coral, FL 33914	=	
		A CEC	
		RETAIR NHASS	
OR		EE FL	
Was	defectively signed. The manner in which the document was defectively signetion are as follows:	ned and the ppp	
COLLO			
COITC		<del></del>	
·			
		<del></del>	
OR			
OR	lectronic transmission of the record was defective.		

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

CR2E062 (2/14)