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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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COVER LETTER

| Division of Corporations | | | | | | |
|--|------------------------------------|---|--|--|--|--|
| Brentwood Circle MHP LI | _C | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Statement of Correction and fee(s | s) are submitted for filing | g. | | | | |
| Please return all correspondence concerning this | s matter to the following | g: | | | | |
| Gary Haring, Manager | | | | | | |
| Name of Person | | _ | | | | |
| Brentwood Circle MHP LLC | | | | | | |
| Firm/Company | | _ | | | | |
| 235 Apollo Beach Blvd #130 | | | | | | |
| Address | | <u></u> | | | | |
| Apollo Beach, FL 33572 | | | | | | |
| City/State and Zip Code | | - | | | | |
| BrentwoodMHPark@gmail.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Gary Haring | 813 | 449-2848 | | | | |
| Name of Person | 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 bein | - | - | |
|---------------|---|-------------------------------------|----------------------------|--|
| FIRST: | RST: The name of the limited liability company is: Brentwood Circle MHP LLC | | | |
| SECOND: | The Florida Document number of the limi | ited liability company is: <u> </u> | <u>50000178</u> 9 <i>5</i> | |
| THIRD: | Document to be corrected is: | | | |
| | Articles of Organization for Brentwood | d Circle MHP LLC | | |
| ((| CHECK THE APPROPRIATE BOX AND CO | MPLETE THE APPLICABLE | STATEMENT | |
| | tains an incorrect statement. The incorrect statement are as follows: | atement, the reason the statem | ent is incorrect, and the | |
| Eliz | rabeth Haring was listed as Manager, inco | orrectly. She should only be | e listed | |
| ası | registered agent. The only Member listed | I should be Gary Haring | To The Till | |
| who | o should be listed as ONLY member AND |) manager. | 10 m | |
| | | | 72 P. C. | |
| <u>OR</u> | | | 20 CRIDA | |
| | s defectively signed. The manner in which the ection are as follows: | e document was defectively si | gned and the appropriat | |
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| | | | | |
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| <u>OR</u> | | | - M ₁ | |
| The | electronic transmission of the record was def | ective. | | |
| (m | Ham | 4/7/2015 | | |
| Signatur | re of Authorized Representative | Date | | |
| | | | | |

Filing Fee:
Certified Copy:

\$25.00__

\$30.00 (optional)