

L15 0000 25556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

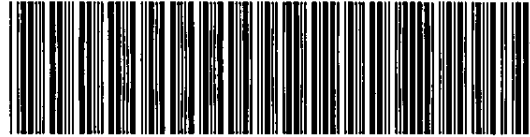
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 19 AM 10:08

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J. Shivers FEB 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grand Island Square, 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:

Bruce J. Smoler

Name of Person

Smoler & Associates, P.A.

Firm/Company

2611 Hollywood Boulevard

Address

Hollywood, Florida 33020

City/State and Zip Code

bruce@smolerpa.com

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

For further information concerning this matter, please call:

Bruce J. Smoler

at (954) 922-2811
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

**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: Grand Island Square, LLC
Grand Island Square, LLC

SECOND: The Florida Document number of the limited liability company is: L15000025556

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 Company has a Managing Member and not a Manager.

The MANAGING MEMBER is:

GRAND ISLAND PROPERTY MANAGEMENT, INC.

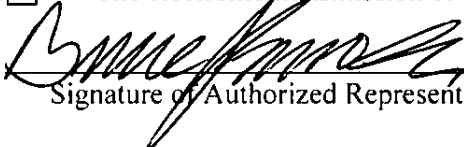
OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
FEB 19 AM 10:09
TALLAHASSEE FLORIDA
SECRETARY OF STATE

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

February 18, 2015

Date

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