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TAMPA COUNTY STATE
RECORDS SECTION

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J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Duval Land Trust Services, 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:

Greg Anderson

Name of Person

Duval Land Trust Services, LLC

Firm/Company

14 Comet Ct.

Address

Palm Coast, FL 32137

City/State and Zip Code

Caroline@tmpfl.com

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

For further information concerning this matter, please call:

Caroline Rogers

904

215-8666

at ()

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

**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: Duval Land Trust Services, LLC

SECOND: The Florida Document number of the limited liability company is: L15000034960

THIRD: Document to be corrected is:
Address

(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 for principle address, mailing address and agent's address is incorre

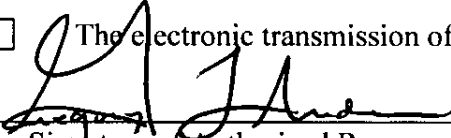
and the correct address is 14 Comet Court.

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

5/18/2015

Date

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