

Division of Corporations

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LIS0000041077

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARLIN EMERALD ISLE, LLC**

Certificate of Status	0
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Page Count	03
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2015 MAR 10 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDASTATE OF FLORIDA
DIVISION OF CORPORATIONS
PROFESSIONAL SERVICES

15 MAR 10 AM 10:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARLIN EMERALD ISLE, 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:

Karen S. Kurtz, Esq.

Name of Person

Chamberlain Hrdlicka

Firm/Company

191 Peachtree Street, 34th Floor

Address

Atlanta, Georgia 30303

City/State and Zip Code

karen.kurtz@chamberlainlaw.com

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

For further information concerning this matter, please call:

Karen S. Kurtz, Esq.

404

658-5438

Name of Person

at (

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 &
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☐ \$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: SPARLIN EMERALD ISLE, LLC

SECOND: The Florida Document number of the limited liability company is: L15000041077

THIRD: Document to be corrected is:
Articles of Organization for Florida Limited Liability Company

(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:

Article IV incorrectly states the name of the Manager as being Ann Marie Sparlin
Skinner. The correct name of the Manager is Ann Marie Sparlin.

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.

Karey
Signature of Authorized Representative

3/9/15
Date

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA