

LIS 000049037

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUN 11 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRV CDP-BC, 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:

**Anthony Underwood**

\_\_\_\_\_  
Name of Person

**CDP Companies**

\_\_\_\_\_  
Firm/Company

**340 W. Flagler Street Suite 313**

\_\_\_\_\_  
Address

**Miami, FL. 33130**

\_\_\_\_\_  
City/State and Zip Code

**tunderwood@cdpvi.com**

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

For further information concerning this matter, please call:

**Katherine Castro**

**561**

**451-7489**

\_\_\_\_\_  
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 &  
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: BRV CDP-BC, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000049037

**THIRD:** Document to be corrected is:  
Article IV Manager

**(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:

Manager "James R. Watson Revocable Trust" is incorrect, it should be corrected  
to "James R. Watson Revocable Trust 2014".

**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

6/4/2015

Date

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

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