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2015 MAR 30 PM 4:07  
CLERK OF DISTRICT COURT  
MILWAUKEE, WISCONSIN

APR 17 2015  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GARDEN Loggia, 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:

Chris CoLage  
Name of Person

Firm/Company

737 New York Street  
Address

WPB, FL 33401  
City/State and Zip Code

ccolage@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Colage  
Name of Person

at

561  
Area Code

313-1505  
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

FILED  
2015 MAR 30 PM 4:07  
TALLAHASSEE FL 32301

**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: GARDEN Loggia LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000051146

**THIRD:** Document to be corrected is:

**(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 NAME should be Loggia GARDENS, LLC.
- It WAS INCORRECTLY submitted AS  
GARDEN Loggia LLC
- Please correct the NAME to: Loggia GARDENS, LLC.

**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.

Chui Colage

Signature of Authorized Representative

3/25/15

Date

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