

L15000055277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

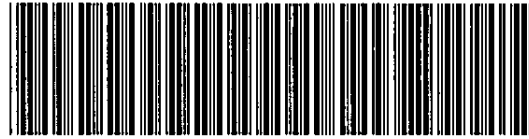
(Business Entity Name)

(Document Number)

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04/02/15--01003--006 **30.00

Statement of
Correction &
Name Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED
AND
FILED

X00789, 06206, 00541

5/14
G.A.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELINOR Linda, 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:

Shelley Strickland
Name of Person

Charles Wayne Properties
Firm/Company

444 Seabreeze Blvd Ste 1000
Address

Daytona Beach, FL 32118
City/State and Zip Code

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

For further information concerning this matter, please call:

Shelley Strickland at (386) 238-3600
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

Shelley Strickland
Charles Wayne Properties
444 Seabreeze Blvd, Ste 1000
Daytona Beach, FL 32118

SUBJECT: ELINOR LINDA LLC
Ref. Number: L15000055277

We have received your document for ELINOR LINDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 115A00008005

15 MAY -6 AM 10:00
RECEIVED
INFORMATION SERVICE

**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: Elinor Linda LLC

SECOND: The Florida Document number of the limited liability company is: L15000055277

THIRD: Document to be corrected is:

FL Limited liability Company 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:

Name: ELINOR Linda, LLC Should be ELLINOR
Registered Agent: Suite 100 Should be 1000 Linda, LLC
~~Authorized Agent:~~ Newbauer - Should be
Suite 100 - Should be 1000 Newbauer

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

Date

4/30/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 3:40

APPROVED
AND
FILED

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