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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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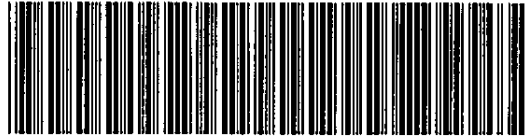
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 44 GULFSIDE 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:

John A. Galea

Name of Person

Firm/Company

6230 SW 112 Street

Address

PINECREST FL 33156

City/State and Zip Code

jjgalea@earthlink.net

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

For further information concerning this matter, please call:

John A. Galea

Name of Person

at (305)

Area Code

807-5217

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: 44 GULFSIDE LLC

SECOND: The Florida Document number of the limited liability company is: L15000057195

THIRD: Document to be corrected is:

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:

LEFT OFF SECOND MANAGING MEMBER MY WIFE

ROSA L. GALEA Title MGR

SHE IS SUPPOSED TO BE A MEMBER

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.

Rosa L. Galea
Signature of Authorized Representative

4-1-15
Date

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