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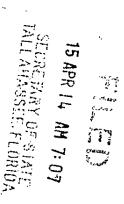
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## **COVER LETTER**

TO: Registration Section Division of Corporations RESORT FURNISHINGS LLC SUBJECT: 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: **DIANE MORGAN** Name of Person RESORT FURNISHINGS LLC Firm/Company 18 PINE TRAIL CIRCLE Address **ORMOND BCH FL 32174** City/State and Zip Code morgan492000@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **DIANE MORGAN** Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy 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. The name of the limited liability company is: \_\_\_\_\_RESORT FURNISHINGS LLC FIRST: The Florida Document number of the limited liability company is: L15000059077 **SECOND:** THIRD: Document to be corrected is: **ENTITY NAME 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: INCORRECT STATEMENT IS: RESORT FURNISHINGS LIMITED LIABILY COM An error was made in filing the name of company Please change the filing entry to RESORT FURNISHING 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. Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)