

L1500006916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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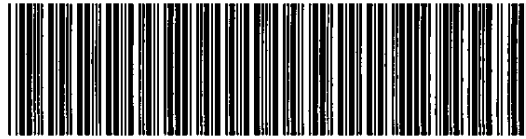
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1000000 MAY 01 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE 101-810, 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:

ROBERT A STOK, ESQ

Name of Person

STOK, FOLK + KON, P.A.

Firm/Company

18851 N.E. 29TH AVE., SUITE 1005

Address

AVENTURA, FL 33180

City/State and Zip Code

YGARCIA@STOKLAW.COM

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

For further information concerning this matter, please call:

YAMI GARCIA

Name of Person

305

Area Code

935-4440

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: SUNSHINE 101-810, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000069110

**THIRD:** Document to be corrected is:  
ARTICLES OF INCORPORATION

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

MANAGERS OF THE LLC ARE ROBERT HARTMAN WHOSE MAILING

ADDRESS IS 6633 N. LINCOLN AVE., LINCOLNWOOD, IL 60712 AND

DEBRA F. HARTMAN, WHOSE MAILING ADDRESS IS 6633 N LINCOLN AVE

LINCOLNWOOD, IL 60712.

**OR**

- ☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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