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K.SALY EXAMINER MAY 21 2015

COVER LETTER The name is 1064 Stahawk, LLC"

(but was typed in wrong, hence

Name of Limited Liability Company

The correction

for

in are submitted for filing. TO: Registration Section . Division of Corporations 1065 Seahawk, LLC **SUBJECT:** 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: Tracy Synan Name of Person 1064 Sechawik, CCC Firm/Company 1875 Beach Ave. Address Atlantic Beach, FL 32233 City/State and Zip Code tsynan@me.com` E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tracy Synan Daytime Telephone Number Name of Person 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:

□ \$55 Filing Fee &

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□ \$60 Filing Fee,

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CR2E062 (2/14)

\$25 Filing Fee

□ \$30 Filing Fee &

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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previous	sly file	d docu	iment.			
FIRS'	<u>T</u> :	1065 Seahawk, LLC – C	1660	usta.	ny n Gu			
		The name of the limited liability company is:  Should be 1064 Stahawk, CCC						
SECO	SECOND: The Florida Document number of the limited liability company is: <u>L150</u>							
THIRD:		Document to be corrected is:  Name of company / A miles of Organization						
	<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	<u>TATE</u>	MENT	•			
•		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	A type	A typographical error in the name of the company: It should be 1064 Seahawk,						
		not	10	505	,			
				_				
	<u>OR</u>							
		efectively signed. The manner in which the document was defectively sign tion are as follows:	ed and	the ap	opropriate			
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			355 To	 	177			
	<u>OR</u>		TIME IT	PH 2: 56	E E E			
	The el	ectronic transmission of the record was defective.	`,	<b>.</b>				
Si	gnature	of Authorized Representative Date		<del>_</del>				

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