

L15000135807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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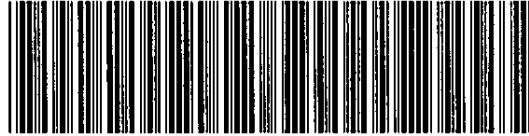
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Pream 1103W 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:

Stephanie R. Moore

Name of Person

Pream 1103W LLC

Firm/Company

9850 S. Thomas Drive

Address

Panama City Beach FL 32408

City/State and Zip Code

Steph64moore@yahoo.com

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

For further information concerning this matter, please call:

Stephanie R. Moore

Name of Person

at 404

Area Code

398-7424

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: Dream 1103W LLC

SECOND: The Florida Document number of the limited liability company is: L15000135807

THIRD: Document to be corrected is:
Articles of Corporation

(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:

We forgot to list the Authorized Person(s) Detail Please
add the following

<u>Title:</u>	<u>Name:</u>	<u>Address:</u>
<u>(MGR)</u>	<u>Stephanie R. Moore</u>	<u>9850 S. Thomas Dr. Panama City Beach</u>
<u>manager</u>		<u>FL 32408</u>

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.

Stephanie R. Moore
Signature of Authorized Representative

8/12/15
Date

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