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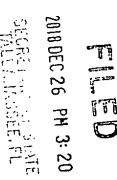
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	711 V	Vadell Stree	et LLC	
	<u></u>		Same of Limited Liabi	lity Company
Dear Si	r or Madam:			
The end	closed Statement o	f Correction and fee(s) a	re submitted for filing.	
Please i	return all correspon	ndence concerning this n	natter to the following:	
Lav	vrence L	J. Taube		
		Name of Person		
		Firm/Company	0 4000	
500) Austral	ian Avenue	e S, #630	
		Address	·	
We	st Palm	Beach, FL	33401	
	Cit	ty/State and Zip Code		
larr	v@larry	taube.com		
		he used for future annual	report notification)	
For furt	ther information co	oncerning this matter, ple	ease caff:	
Lav	vrence L	J. Taube	561	651-4160
	Name of	Person	at (Area Code	Daytime Telephone Number
Registro Divisio Clifton 2661 E	ET/COURIER AI ation Section n of Corporations Building xecutive Center Ci ssee, Florida 3230	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	ed is a check for t	the following amount:		
\$25	Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& ☐ \$60 Filing Fee. Certificate of Status & Certified Copy
CR2E0	62 (9/15)			

STATEMENT OF CORRECTION **FOR**

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2018 DEC 26 PM 3: 20

Pursuant to s <u>FIRST</u> : The	ection 605.0209, F.S., this document is being submitted name of the limited liability company is: $711~W_{\odot}$	ed to correct a previously file adell Street LLC	ed docu SECR TAL	ment. Elwid or STATE LAMASSEE, FL
SECOND: THIRD:	The Florida Document number of the limited liab Document to be corrected is: Articles of C	7121		
state Na	(CHECK THE APPROPRIATE BOX AND COMmains an incorrect statement, ment are as follows: Imme entered incorrectly as 711 me of the company is 711 Wad	the reason the statement is in	ncorrec	t, and the corrected
	defectively signed. The manner in which the documillows:	ent was defectively signed an	nd the a	appropriate correction are
OR The	electronic transmission of the record was defective Signature of Authorized Representative	= 12	Date	lie
New Registe I hereby acceprovisions of obligations of	new registered agent, if applicable :(NOTE: if correct designation). The designation of the segment of the appointment as registered agent and agree to a fall statutes relative to the proper and complete perform of the position as registered agent as provided for in Carge in the registered office address, I hereby confirm to	act in this capacity. I further ormance of my duties, and I a Thapter 605, F.S. Or, if this a	agree im fami locume	to comply with the liar with and accept the nt is being filed to merely
	Registered Ago Filing Fee: Certified Copy:	ent's Signature \$25.00 \$30.00 (optional)		-