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Division of Corporations Pax Number : (850)617-6383

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Account Name : FOLEY & LARDNER Account Number : 119980000047 Phone : (407)423-7656 Fax Number : (407)648-1743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY								
	to section 605.0209, F.S., this document is being submitted to correct a previously filed docume The name of the limited liability company is:OMI 5770 PIB,LLC	:nt. 						
STCO.		mber of the limited liability company is: L15000175228 is: 2018 Florida LLC Amended Annual Report						
SECON THIRD	2018 Florida LLC Amended Annual F							
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	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, a statement are as follows:	nd the co	rrected					
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	egistered agent did not authorize his signature to be placed on the am ort. His signature was automatically placed on the report by the comp			al				
•	tem, and this was in error. The report should have been signed only b			aw.				
	OR		<i>~~~~</i>					
	The electronic transmission of the record was defective.	182	<u></u>					
Signatu acceptii	Signature of Authorized Representative Date re of acw registered agent, if applicable :( NOTE: if correcting the registered agent, the new registing the designation).	tered age	nt must	sign				
Thereby	wistered Agent's Signature, if changing Registered Agent: v accept the appointment as registered agent and agree to act in this capacity. I further agree to constant of all statutes relative to the proper and complete performance of my duties, and I am familiant ons of my position as registered agent as provided for in Chapter 505, F.S. Or, if this document is a change in the registered office address; I hereby confirm that the limited liability company has hange.			the erely riting				

Registered Agent's Signature

Filling Fee: Certified Copy:

\$25.00 \$30.00 (optional)

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