

L16000070555

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing date of submission 4/14

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CXVII LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 0205 |
| Estimated Charge | \$25.00 |

ATTN: Karen Saly

RECEIVED
2016 APR 15 AM 10:58
TALLAHASSEE, FLORIDA

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4/15/2016 10:32:45 AM From: To: 8506176383(2/5)

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4/15/2016 10:08:05 AM PAGE 1/001 Fax Server



April 15, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CKVII LLC
9400 SW BEAVERTON-HILLSDALE HWY., STE. 131
BEAVERTON, OR 97005

SUBJECT: CKVII LLC
REF: L16000070555

RE-SUBMIT

Please retain original filing
date of submission 4/14

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a Limited Partnership not a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: E16000092992
Letter Number: 616A00007807

RECEIVED
2816 APR 15 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CXVII 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:

Terri Searing

Name of Person

Josselson & Potter

Firm/Company

9400 SW Beaverton-Hillsdale Hwy #131-A

Address

Beaverton, OR 97005

City/State and Zip Code

terri@jprlaw.com

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

For further information concerning this matter, please call:

Terri Searing

Name of Person

at **503**

Area Code

228-1455

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: CXVII LLC

SECOND: The Florida Document number of the limited liability company is: L16000070555

THIRD: Document to be corrected is: Articles of Organization for Florida Limited Liability Company

(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:

Due to human error, the name of the Limited Liability Company is incorrect.

It should read: The name of the Limited Liability Company is: CXVIII LLC

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.

Irving Potter

Signature of Authorized Representative

4-13-16
Date

Signature of new registered agent, if applicable : (NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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