

LP00008760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

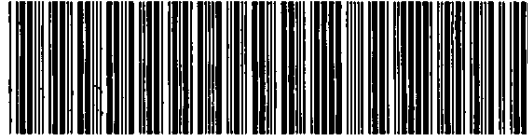
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06/08/16--01023--010 **25.00

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16 JUN -8 PM 12:05

JUL 01 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL -1 PM 1:06
TALLAHASSEE, FLORIDA

June 20, 2016

MICHELLE BERGLUND-HARPER, ESQ
MURPHY & BERGLUND, PLLC
1101 DOUGLAS AVENUE STE B
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MAGNOLIA STREET RENTALS, LLC
Ref. Number: L16000087600

We have received your document for MAGNOLIA STREET RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00012167

16 JUN -8 PM 1:31

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TALLAHASSEE, FLORIDA



Michelle A. Berglund-Harper, Esq.
Attorney

1101 Douglas Ave, Suite B
Altamonte Springs, FL 32714
(407) 865-9553
(407) 865-5742 Fax
Michelle@MurphyBerglund.com

June 28, 2016

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: MAGNOLIA STREET RENTALS, LLC
Ref. Number: L16000087600

Dear Sir or Madam:

Enclosed please find a copy of the letter that was sent on June 20th 2016 along with the signed Statement of Correction for Florida Limited Liability Company. We had sent in a check for \$25.00 that was already deposited for this correction. Please send correspondence of the updated address to our office address listed above.

Warm regards,

Michelle A. Berglund-Harper, Esq.
Attorney & Counselor at Law
Enclosures as stated

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TALLAHASSEE, FLORIDA
16 JUN -8 PM 1:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Magnolia Street Rentals, 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:

Michelle Berglund-Harper, Esq.

Name of Person

Murphy & Berglund, PLLC

Firm/Company

1101 Douglas Ave., Suite B

Address

Altamonte Springs, FL 32714

City/State and Zip Code

michelle@murphyberglund.com

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

For further information concerning this matter, please call:

Michelle Berglund-Harper, Esq. at (407) 865-9553

Name of Person

Area Code

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

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**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: Magnolia Street Rentals, LLC

SECOND: The Florida Document number of the limited liability company is: L16000087600

THIRD: Document to be corrected is: Articles of Organization

(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:

The mailing address is supposed to be 2018 Votaw Rd., Apopka, FL 32703

It was accidentally listed as the principal place of business, but it should
be the address listed herein.

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.

William Kelly Sr.
Signature of Authorized Representative

6-27-16
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)