

L16000105178

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K. SALY  
EXAMINER

AUG 9

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **The Barn at Two Son Farm, 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:

**Susie Wagner**

Name of Person

**The Barn at Two Son Farm**

Firm/Company

**241 NW 118th Ave**

Address

**Coral Springs, FL 33071**

City/State and Zip Code

**thebarnattwosonfarm@gmail.com**

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

For further information concerning this matter, please call:

**Susie Wagner**

Name of Person

**904**

Area Code

**993-6804**

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: The Barn at Two Son Farm

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**SECOND:** The Florida Document number of the limited liability company is: L16000105138

**THIRD:** Document to be corrected is: corporate

**(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:

did not include the Article IV on eletronic copy

Authorized names: Susie Wagner MGR

Ken Wagner AMBR 241 NW 118th Ave Coral Springs. Fl

**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.

Susie Wagner      8/2/16

Signature of Authorized Representative

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)**