

L16 000114866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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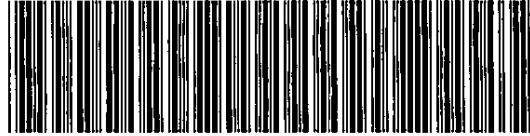
(Business Entity Name)

(Document Number)

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FILED
16 JUL 20 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILSON LEON 511, 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:

RITA JACKMAN

Name of Person

JACKMAN, STEVENS & RICCIARDI

Firm/Company

4575 VIA ROYALE

Address

FORT MYERS, FL 33919

City/State and Zip Code

rjackman@your-advocates.org

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

For further information concerning this matter, please call:

Rita Jackman

Name of Person

at (239) 689-1096

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2016

RITA JACKMAN
JACKMAN, STEVEN & RICCIARDI
4575 VIA ROYALE
FORT MYERS, FL 33919

SUBJECT: WILSON LEON 511, LLC
Ref. Number: L16000114866

2016 JUL 20 AM 11:54
TALLAHASSEE, FLORIDA

We have received your document for WILSON LEON 511, 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 216A00014331

FILED
16 JUL 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: WILSON LEON 511, LLC

SECOND: The Florida Document number of the limited liability company is: L16000114866

THIRD: Document to be corrected is: ARTICAL 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:

It should be (WILLSON LEON 511, LLC) add another (L)

OR



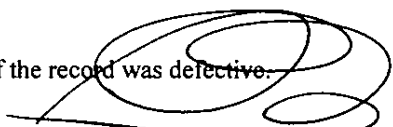
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

RITA JACKMAN



JUNE 24, 2016

Signature of Authorized Representative

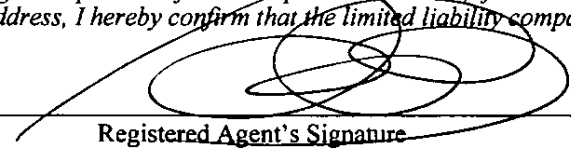
Date

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16 JUL 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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)