

L16000131476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

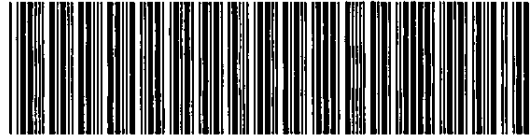
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 29 PM 4:20
SECL. DIV. OF STATE
TALLAH. SEC. FLORIDA

08/15/16--01019--028 **25.00

AUG 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Producers Realty 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:

Denise A. Warner

Name of Person

Producers Realty LLC

Firm/Company

3775 Douglas Place

Address

Palm Harbor, FL 34683

City/State and Zip Code

denise.warner@producersrealty.com

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

For further information concerning this matter, please call:

Denise A. Warner

Name of Person

at (727)

Area Code

858-8801

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

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

DENISE A WARNER
3775 DOUGLAS PLACE
PALM HARBOR, FL 34683

SUBJECT: PRODUCERS REALTY LLC
Ref. Number: L16000131476

2016 AUG 29 PM 1:23
TALLAHASSEE, FLORIDA

We have received your document for PRODUCERS REALTY 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 enter the type of document to be corrected in the third section of the form.

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: 316A00017464

Please see attached corrected form

Denise A. Warner
8/25/16

2016 AUG 29 PM 4:21
TALLAHASSEE, FLORIDA

FILED

**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: Producers Realty LLC

SECOND: The Florida Document number of the limited liability company is: L16000131476

THIRD: Document to be corrected is: ~~L16000131476~~ 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:

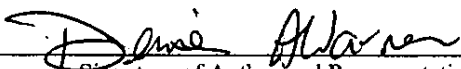
Employer Identification Number should be 81-3209497. It should not be "NONE".

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.


Signature of Authorized Representative

8/25/16
Date

FILED
16 AUG 29 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)