

L1600145418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 AUG 30 P 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 30 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2016

HECTOR E GALEANO  
7950 NW 53 STREETM SUITE 337  
DORAL, FL 33166

SUBJECT: 501 N GROVE LLC  
Ref. Number: L16000145418

We have received your document for 501 N GROVE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00017233

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **501 N GROVE 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:

**HECTOR E. GALEANO**

Name of Person

Firm/Company

**7950 NW 53 ST, SUITE 337**

Address

**DORAL, FL 33166**

City/State and Zip Code

**hginusa@gmail.com**

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

For further information concerning this matter, please call:

**HECTOR GALEANO**

Name of Person

**305**

Area Code

**9755947**

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 30 P 2:49

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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: 501 N GROVE LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000145418

**THIRD:** Document to be corrected is: L16000145418

**(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:

WE MADE A MISTAKE WITH EFECTIVE DATE 09/03/2016.

THE CORRECT EFECTIVE DATE HAS TO BE 08/03/2016

**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

08/26/2016

Date

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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)