## 116000154254

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D. SCOTT OCT 2 6 2016

## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT: J+T Cherry Property Management, UC 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:						
John Cl	Name of Person					
J&T Cherry Property Management, LLC						
8826 1414 Place Address						
<u>Live oc</u>	ak FL 321 ty/State and Zip Code	<u>060</u>				
Heocherry 360 Gmail. Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:  Theodosius Cherry at (386) 205-3828  Name of Person Area Code Daytime Telephone Number						
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Re Di P.C	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 ellahassee, Florida 32314	OF T		
Enclosed is a check for the following amount:						
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (9/15)

## 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 fried document.
FIRST: Th	e name of the limited liability company is:	Cherry Property
	Management, LLC	<u> </u>
SECOND:		ty company is: <u>L16000154254</u>
THIRD:	Document to be corrected is: Addres	>
	(CHECK THE APPROPRIATE BOX AND COMI	LETE THE APPLICABLE STATEMENT
	entains an incorrect statement. The incorrect statement, the tement are as follows:	e reason the statement is incorrect, and the corrected
	Principal Address is 8826 14	1st Place Live Oak, FL 32000
_	not 8836. Same applies to -	the Mailing Address. The
<u> </u>	address of MGR, Theodosius (	herry is also 8826 141st place
□ W		t was defectively signed and the appropriate correction are
<del></del> .		
<u>O</u> 1	<u>R</u>	SSEE. MED
☐ Th	te electronic transmission of the record was defective.	OF THE STATE
	Signature of Authorized Representative	Date
	of new registered agent, if applicable :( NOTE: if correcting the designation).	ng the registered agent, the new registered agent must sign
I hereby ac provisions obligations	of my position as registered agent as provided for in Ch ange in the registered office address, I hereby confirm th	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept the apter 605, F.S. Or, if this document is being filed to merely at the limited liability company has been notified in writing
	Registered Agen	's Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)