

46000175366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

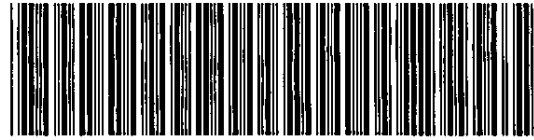
(Document Number)

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OCT 27 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 11 AM 8:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2016

PETER HOSKINS  
218 DENT DRIVE  
NAPLES, FL 34112

SUBJECT: PETERE HOSKINS PROPERTIES, LLC  
Ref. Number: L16000175366

RECEIVED  
2016 OCT 24 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PETERE HOSKINS PROPERTIES, 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 116A00021880

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 11 AM 8:20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peter Hoskins Properties, 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:

Peter Hoskins

Name of Person

Peter Hoskins Properties, LLC

Firm/Company

218 Dent Drive

Address

Naples, FL 34112

City/State and Zip Code

info@peterhoskinsproperties.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 11 AM 8:20

For further information concerning this matter, please call:

Peter Hoskins

Name of Person

at ( 912 ) 247-2372

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

**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: \_\_\_\_\_  
**Peter Hoskins Properties, LLC**

**SECOND:** The Florida Document number of the limited liability company is: L16000175366

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

mispelled business name - Petere Hoskins Properties, LLC

correct business name - Peter Hoskins Properties, LLC

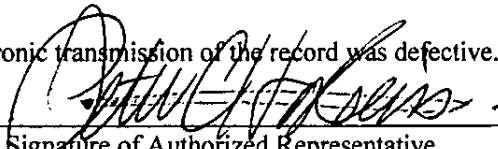
**OR**

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 Date 10-19-16

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 OCT 11 AM 8:20

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)**