

46000175366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

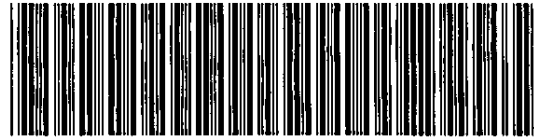
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 27 2016
S. YOUNG

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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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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

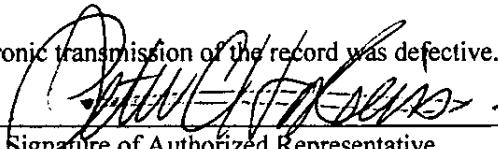
OR

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

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

OR

The electronic transmission of the record was defective.

 _____
Signature of Authorized Representative Date 10-19-16

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)