

8/13/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H190002410083ABCZ

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.  
Account Number : I20190000025  
Phone : (239)649-5200  
Fax Number : (239)649-8140

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNIVERSITY-ME LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY

AUG 14 2019

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **University-ME 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:

**Michael A. Durant**

Name of Person

**Conroy, Conroy & Durant, P.A.**

Firm/Company

**2210 Vanderbilt Beach Road, Suite 1201**

Address

**Naples, FL 34109**

City/State and Zip Code

**pfoshee@bellsouth.net**

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

For further information concerning this matter, please call:

**Michael A. Durant**

Name of Person

at **239**

Area Code

**649-5200**

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)

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FILED  
19 AUG 13 AM 12:41  
TALLAHASSEE, FLORIDA

**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: University-ME LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000190495

**THIRD:** Document to be corrected is: 2019 Annual Report

**(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:

Management of the LLC has not changed since formation  
in 2016. Tiger-Tide LLC is the Manager. 2019 Annual  
Report was filed incorrectly.

OR



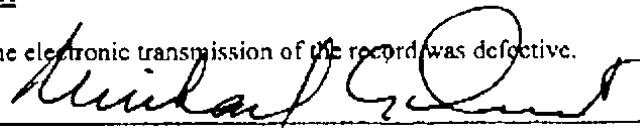
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR



The electronic transmission of the record was defective.



Signature of Authorized Representative

8/13/17

Date

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:  
Certified Copy:

\$25.00

\$30.00 (optional)

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