

LN6000.217378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

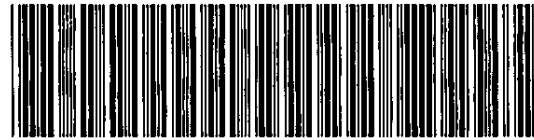
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/16--01010--008 **25.00

FILED
16 DEC 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2016

DUHANE E. REID
319 NEWLAKE DRIVE
BOYNTON BEACH, FL 33426

SUBJECT: ISLAND GOFER, LLC
Ref. Number: L16000217378

We have received your document for ISLAND GOFER, 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):

Please indicate change that is to be made on page 1,2,or 3.

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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 216A00026133

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLAND GOFER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DUHANE E. REID

Name of Person

ISLAND GOFER LLC

Firm/Company

319 NEWLAKE DRIVE

Address

BOYNTON BEACH

City/State and Zip Code

SALES@ISLANDGOFERLLC.COM

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

For further information concerning this matter, please call:

DUHANE E. REID

Name of Person

609

at ()

Area Code

582-3754

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Island Gofer llc

SECOND: The Florida Document number of the limited liability company is: L16000217378

THIRD: Document to be corrected is: Effective date

(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:

Incorrect effective date (01/01/2017)

In need of bank account

Please change effective date to 12/01/2016

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]
Signature of Authorized Representative

12/08/2016
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: \$25.00
Certified Copy: \$30.00 (optional)

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