

L170000167794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

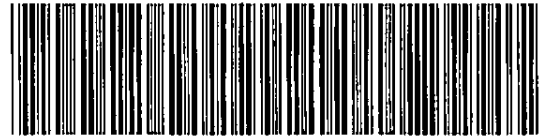
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/10/17--01010--001 **25.00

FILED

17 SEP -7 PM 3:12

DIVISION OF CLERK

O. C. SIMMONS
SEP -7 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

THOMAS HUDGINS
2800 DAVIS BLVD, #03
NAPLES, FL 34104

SUBJECT: PARKSHORE ADMISTRATION, LLC
Ref. Number: L17000167794

We have received your document for PARKSHORE ADMISTRATION, 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):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00017516

RECEIVED
1 SEP - 7 AM 10:18
CREATIVE
ALABAMA

*See attached
this is
ridiculous!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parkshore Administration, 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:

Thomas F. Hudgins
Name of Person

Firm/Company
2800 Davis Blvd., #203
Address

Naples, FL.	34104
City/State and Zip Code	

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

For further information concerning this matter, please call:

Thomas F. Hudgins at (239) 263-7660
Name of Person 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: Parkshore Administration, LLC

SECOND: The Florida Document number of the limited liability company is: L170000167794

THIRD: Document to be corrected is: Articles of Incorporation

(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:

The name of LLC was misspelled.

It should be : Park Shore Administration, LLC

OR

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

↓ ↓ ↓
two words correct spelling

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

17 SEP -7 PM 3:18
DIVISION OF CORPORATE SERVICES

FILED

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.

[Signature]

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)