## L1700185586

(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:
<u> </u>

Office Use Only



800306497378

12/14/17--01025--006 \*\*30.00

17 DEC TA PARTIE TO

OCC 15 MILT

## LISA S. MINSHEW, P.A. ATTORNEY AT LAW

BAR MEMBER F1, - 1986 CA - 1989 PA -1985 433 EAST GOVERNMENT STREET PENSACOLA, FL 32501

TELEPHONE (850) 434-6859 TELECOPIER (850) 434-5126 Isminshew'g lisaminshewlaw.com

December 13, 2017

Sent via UPS Next Day Air
Florida Department of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Correction

Document No.: L17000185586

Dear Sir or Madam:

Enclosed please find a Statement of Correction for Bel Aire Properties of Shalimar, LLC. Also enclosed is my firm check in the amount of \$30.00 to cover the filing fee and a Certificate of Status. Your prompt attention to this filing is appreciated.

Please contact my office should you have any questions or concerns. Thank you.

Sincerely,

/s/ Lisa S. Minshew

Lisa S. Minshew Attorney

LSM/hay Enclosures

## **COVER LETTER**

-	ision of Cor				
SUBJECT:	BEL A	AIRE PROPE			
		7	lame of Limited Liab	ility Company	
Dear Sir or l	Madam:				
The enclosed	d Statement o	of Correction and fee(s) a	re submitted for filing	<u>.</u>	
Please return	ı all correspo	ndence concerning this n	natter to the following	;:	
LISA	S. MII	NSHEW, ES	SQ.	-	
LISA	S. MII	Name of Person  VSHEW, P.:	A.		
		Firm/Company		-	
433 E	. GO\	/ERNMENT	STREET		
		Address		•	
PENS	SACO	L <u>A, F</u> L 3250	)2		
	Ci	ty/State and Zip Code		•	
E-mail	address: (to	be used for future annual	report notification)		
For further in	nformation c	oncerning this matter, ple	ase call:		
Melis	sa Ho	uston	at ( 850	862-6	861
	Name o	f Person	Area Code	Daytime "	Felephone Number
STREET/C Registration Division of C Clifton Build 2661 Execut Tallahassee.	Section Corporations ding ive Center C	irele		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclosed is	a check for	the following amount:			
S25 Filin	g Fee	■ \$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy		riling Fee. te of Status & Copy
CR2E062 (9	/15)				

## 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.

	Was del	fectively signed. The manner in which the docum	nent was defectively signed and the appropriate correc	ction are
				-{_} [ <u>Ll</u> _
				_
	OR	<b>&gt;</b>	17 )A	
	Thefele	introde transmission of the record was defective.		
í	10	Signature of Authorized Bones and	12/13/17	_
(	$\vee$	·	Date	
Signan	ire of new	v registered agent, if applicable :( NOTE: if correc	Date thing the registered agent, the new registered agent mu	ust sign
Signan accepti	are of new ang the dea	v registered agent, if applicable :( NOTE: if correctsignation).	cting the registered agent, the new registered agent mu	ust sign
Signan	are of new	v registered agent, if applicable :( NOTE: if correc	Date cting the registered agent, the new registered agent mu	ust sign
		Signature of Authorized Representative	Date	_
(	( <del>]                                    </del>	Signature of Authorized Representative	(2/13/1 <sup>-</sup> ] Date	_
(	JU	Signature of Authorized Representative	12/13/17 Date	_
i	70	Signature of Authorized Representative	12/13/17	_
<u></u>	16	dle	12/13/17	
	Thefeld	the record was defective.	(21.21.7	
		projectransmission of the record was defective.		
_	OR	<b>X</b>	7	
	OR		Ç# 17	_
			<u> </u>	_
				_
			——————————————————————————————————————	$\overline{}$
				m
				<del></del>
			DEC.	<u> </u>
	was de as follo	rectively signed. The manner in which the docum ws:	nent was defectively signed and the appropriate corrections was defectively signed and the appropriate corrections.	ction are
		feetively signed. The manage is a district of the	······································	
	<u>OR</u>			_
				_
	Corre	ct statement: "The effective date for this L	imited Liability Company shall be:8/25/2017"	<u> </u>
	Incorre	ect statement: "The effective date for this l	imited Liability Company shall be: 8/30/2017	••
×	Contain stateme	ns an incorrect statement. The incorrect statement ent are as follows:	, the reason the statement is incorrect, and the correct	ted
	<u>(C</u>	CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT	
THIR	<del></del>	Document to be corrected is: ARTICLES		_
<u>SECO</u>		bility company is: L17000185586		
erco	-			
TIKI	<u>.</u> , 1110 hai	the or the numed harminy company is:		_
FIRST	Fr The near		RE PROPERTIES OF SHALIMAR, LLC	2
		www.arabast. with this document in being subtill		