

L1700023555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

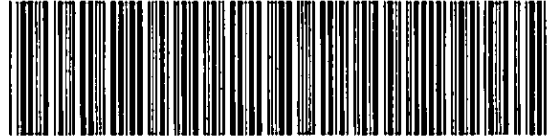
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE EFFECTIVE DATE / ADDRESS
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:

WAGNER DECARVALHO
Name of Person

GOLDEN LEAF TREE REAL ESTATE LLC
Firm/Company

PO BOX 970013 EFFECTIVE 1/1/2018
Address DATE OF LLC

COCONUT CREEK, FL 33097
City/State and Zip Code

WAGNERBOSTON4@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAGNER DECARVALHO at (561) 926-1070
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

NEW EFFECTIVE DATE - NEW ADDRESS

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: GOLDEN LEAF TREE
OLD ADDRESS: PO BOX 970087 COCONUT CREEK, FL
33097
SECOND: The Florida Document number of the limited liability company is: L17000239855
THIRD: Document to be corrected is: Articles

(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 EFFECTIVE DATE SHOULD
BE 01/01/2018 (1/1/18)
THE NEW ADDRESS IS PO BOX 970013
OR COCONUT CREEK, FL 33097
- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
- I ENTERED THE WRONG EFFECTIVE
DATE
- OR
- ☐ The electronic transmission of the record was defective.
- Wagner DeCalle 4-14-18
Signature of Authorized Representative Date
- FILED
APR 20 AM 11:23
18

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.

Wagner DeCalle
Registered Agent's Signature

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