L17000253937

(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:	

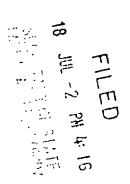
Office Use Only





700315271237

07/02/18--01017--025 **25.00



K SALY

JUL 1 0 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G7ZGALLERY Name of Limited Lie	L L (1 ability Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to the following	ng:
TENNEUCE MANINO Name of Person	_
CT 2 GALLERY LLC	_
P.O. BOX 156	
SANA SETA F1, 342 City/State and Zip Code	_> 0
E-mail address: (to be used for future annual report notification)	クA.1.Co/
For further information concerning this matter, please call:	
Name of Person at (941 Area Code	
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

S60 Filing Fee. Certificate of Status & Certified Copy

S55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

S30 Filing Fee & Certificate of Status

\$25 Filing Fee

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	F	IL	E)	
18	JIJĹ	- 2	214		
٠		~	74	4:	10

	Int to section 605.0209. F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: $CTZCACLEAG$
SECO:	Anotice con a contraction
	(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:
	EFFECTIVE DATE 1/1/2018 EFFECTIVE DATE OF Doing BUSINESS WAS 1/1/2018
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	as follows:
	<u>OR</u>
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must signing the designation).
I hereby provisio obligati	· · · · · · · · · · · · · · · · · · ·
	Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)