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Division of Corporations

Fax Number

: (850)617-6383

JAN 1 0 2018

From:

Account Name

: TAVISTOCK GROUP

Account Number : I20130000052

Phone

: (407)909-9957

Fax Number .

: (407)909-9984

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8548 LAKE NONA SHORE HOLDING, LLC

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COVER LETTER

TO:	Registration Secti Division of Corpo	on rations		,		
SUBJE	8548 Ecr.	_ake Nona 🤄	Shore Hol	ding, LLC		
30001			ne of Limited Liabilit			
Dear S	ir or Madam:					
The en	closed Statement of	Correction and fee(s) are	submitted for filing.			
Please	return all correspon	dence concerning this mat	ter to the following:			
Mic	chelle Da	disman		l I		
		Name of Person		1		
Tavistock Financial, LLC						
		Firm Company				
93	50 Conro	y Winderme	ere Road			
		Address				
Wi		FL 34786				
	Cit	y/State and Zip Code				
mid	chelle.dad	isman@tavis	tock.com		ı	
	E-mail address: (to	oe used for future annual r	eport notification)		1	
For fu	irther information c	oncerning this matter, plea				
Michelle Dadisman			407 _{at (}	909-9957	_	
	Name o	i Person	Area Code	Daytime Telephone Numbe		
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			
Encl	osed is a check for	the following amount:				
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CR2	E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

ursuant to	o section (605.0209, F.S., th	nis document is b	eing submitte 8548 Lak	d to correct a previo e Nona Shore	usly filed doc Holding,	ument. , LLC	<u> </u>
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<u>SECOND</u> THIRD:	<u>r.</u> Do	ocument to be co	rected is: Arti	cles of (Organizatio	on	 -	
					PLETE THE APP	ľ	<u>TATEMEN</u>	<u>T</u>
st	tatement a	ire as follows:			the reason the staten	i		corrected
					Silverton. The Man			
					and Nicholas			
7	Their a	ddress is 93	350 Conroy	Winderm	ere Road, Wir	ndermere	, FL 347	86
	OR Was defects follows		ne manner in wh	ich the docume	ent was defectively s	signed and the	appropriate	comection are
- - <u>9</u>							EE FLORIDA	- M-2: 159
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Signature accepting	e of new t	registered agent, gnation).	if applicable :(N	OTE: if correc	cting the registered r	igent, the new	registered a	igent must sigi
I hereby provision	accept the solution of all solutions of my change in	tatutes relative to	registered agen the proper and	complete perfo	in this capacity, act in this capacity, ormance of my dutie Chapter 60%, F.S. Of that the limited liab	e if this doesn	nent is being	: Alled to mere
				Registered Ag	ent's Signature			
			Fil Certifie	ing Fee: d Copy:	\$25.00 \$30.00 (opt	tional)		