# 7180000 IP1AP

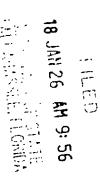
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## WRIGHT, PONSOLDT & LOZEAU

TRIAL ATTORNEYS, L.L.P.

TIM B. WRIGHT
WILLIAM R. PONSOLDT, JR.\*
LOUIS E. LOZEAU, JR.

\* Brand Certified in Business Litigation and Civil Trial Law

January 23, 2018

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Turtle Dunes Property Managers, LLC

#### TO WHOM IT MAY CONCERN:

Enclosed is an Statement of Correction for Florida or Foreign Limited Liability Company. Also enclosed is a check in the amount of \$25.00 to cover the filing fee. Please call is there are any questions.

Sincerely,

Louis-E. Lozeau, Jr.

LEL/dn Encls.

### **COVER LETTER**

TO: Registration Sec Division of Cor	porations	v	* * * * *
SUBJECT: Tu?	TLE DUNES N	POPERTY ame of Limited Liabili	MANAGERS, LL ty Company
Dear Sir or Madam:			
The enclosed Statement of	of Correction and fee(s) ar	e submitted for filing.	
Please return all correspo	ondence concerning this m	atter to the following:	
Louis E. La	Name of Person	<del></del>	
Wright, Pung	Firm/Company	Trial Ath	irneys, LLP
1002 SE M	Nonterey Com	nuns Blod.	; Suite 100
Stuart C	TZ . 3499 ity/State and Zip Code	36	
A .	wpltrial ct be used for future annual		~
For further information c	oncerning this matter, plea	ase call:	
	OZCA, JC	at ( ) 2 Area Code	286 5566 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			AILING ADDRESS: egistration Section vivision of Corporations .O. Box 6327 allahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified 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. **FIRST**: The name of the limited liability company is: 18000016146 The Florida Document number of the limited liability company is: L SECOND: Document to be corrected is: Htheles of THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 図 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: OR П 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 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 Hed 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.  $\Box$ Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)