

L18000045901

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(City/State/Zip/Phone #)

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2018 MAR 26 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 26 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LINDSY TROPICAL FARMS, LLC.  
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:

Nancy German  
Name of Person

NEW AVIAN TROPICAL PRODUCE, LLC.  
Firm/Company

P.O. BOX 924835  
Address

PRINCETON, FL 33092  
City/State and Zip Code

nancy@newaviantropical.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

sarah German at ( 305 ) 216-0173  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2018

NANCY GERMAN  
PO BOX 924835  
PRINCETON, FL 33092

SUBJECT: LINDSY TROPICAL FARMS, LLC  
Ref. Number: L18000045901

We have received your document for LINDSY TROPICAL FARMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please enter the type of document to be corrected in the third section of the form.

Please be specific with what is being corrected. Are you removing both authorized people leaving Nancy German the only one or are you adding Nancy to make 3 authorized people?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 318A0000562

RECEIVED

2018 MAR 26 PM 1:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR 26 PM 3:50

FILED

**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: LINDSEY TROPICAL FARMS, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L18000045901

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION (ARTICLE IV)

**(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:

NEW ASIAN TROPICAL PRODUCE, LLC to be removed &  
replaced by NANCY GERMAN as the manager; her  
address being 23661 SW 106<sup>th</sup> PI Homestead, FL 33032.

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

☐ The electronic transmission of the record was defective.

Nancy  
Signature of Authorized Representative

3/20/18  
Date

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.*

Nancy  
Registered Agent's Signature

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