

L180000053514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

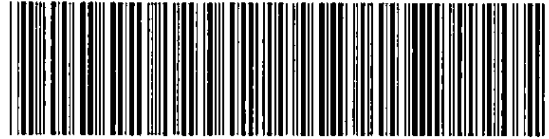
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400328481414

FILED
2019 APR 24 PM 12:05
TALLAHASSEE, FL

04/24/19--01021--017 **75.00

FILED
19 APR 24 PM 2:03
TALLAHASSEE, FL

16
03 APR 2019

SNIFFEN & SPELLMAN, P.A.

123 NORTH MONROE STREET • TALLAHASSEE, FL • 32301

PHONE: 850.205.1996 • FAX: 850.205.3004

WWW.SNIFFENLAW.COM

April 24, 2019

VIA HAND DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Black's Island Club, LLC

To Whom It May Concern:

Enclosed please find the following documents for filing:

1. Statement of Correction (Annual Report)
2. Statement of Authority
3. Change of Registered Agent

Also enclosed is our firm check in the amount of \$75.00 (\$25.00 per filing) for the filing fees. Please let me know if you have any questions.

Sincerely,

Mark K. Logan
Of Counsel

MKL/gj
Enclosures

cc: Garth Bonney, Esq. (via electronic mail only, gbonney@bandslaw.org)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Black's Island Club, 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:

Scott Seymour

Name of Person

Manager

Firm/Company

2049 State Road 30A

Address

Port St. Joe, FL 32456

City/State and Zip Code

sseymour@byt.email

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Seymour

Name of Person

at (678) 776-3465

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

**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: Black's Island Club, LLC

SECOND: The Florida Document number of the limited liability company is: L18000053514

THIRD: Document to be corrected is: Annual Report

(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:

William Koran is neither a member nor manager of the company. His name should be removed as Managing Member.

The mailing and street address of the Company remain as originally filed (2049 State Road 30A Port St Joe, FL 32456)

The Registered Agent should be changed to Mark K. Logan c/o Sniffen & Spelman, PA 123 North Monroe Street, Tallahassee, FL 32301

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.

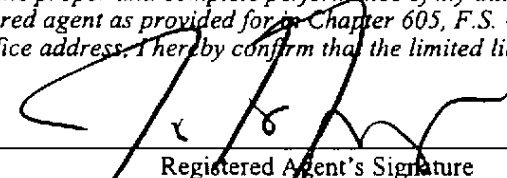

Signature of Authorized Representative

4.23.2019
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.


Registered Agent's Signature

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

FILED
2019 APR 24 PM 12:05
TALLAHASSEE, FL