

L18000058755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

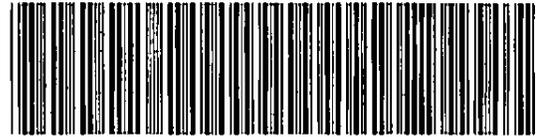
(Business Entity Name)

(Document Number)

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FILED  
2018 MAR 15 A 10:30  
FALLAS STATE COURT

dklms

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **Lake Lizzie Cottage Retreat**

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:

**Alexandra Page Heyward**

Name of Person

Firm/Company

**6185 Lake Lizzie Drive**

Address

**St. Cloud, FL 34771**

City/State and Zip Code

**page@isocialpage.com**

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

For further information concerning this matter, please call:

**Scott C. Locke**

Name of Person

**407**

Area Code

**922-3700**

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

FILED  
2010 JUN 15 AM 10:30  
TALLAHASSEE, FLORIDA  
FILING ASSISTANT

**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: Lake Lizzie Cottage Retreat

**SECOND:** The Florida Document number of the limited liability company is: L18000058755

**THIRD:** Document to be corrected is: Title - AMBR Name on record

**(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:

Currently, the AMBR name is incorrectly listed as Scott C. Locke

The corrected AMBR name should be Scott Childs Locke Revocable Trust

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2010 APR 15 11:30  
TALLAHASSEE, FLORIDA

**OR**



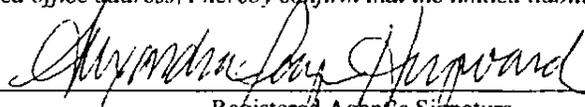
The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative 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)**