

L18000085652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

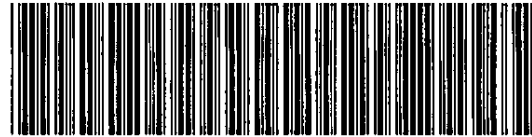
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18 APR 27 PM 4:19
CLERK OF COURT
ALBUQUERQUE, NM 87104

J. LEGGETT
MAY 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2018

GREGORY D HILL
44 COREY CAY AVE
ST AUGUSTINE, FL 32092 US

SUBJECT: ST AUGUSTINE INDUSTRIAL PARK, LLC
Ref. Number: L18000085652

We have received your document for ST AUGUSTINE INDUSTRIAL PARK, 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 return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00007796

RECEIVED

APR 26 PM 1:16

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST AUGUSTINE INDUSTRIAL PARK, 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:

Gregory D Hill

Name of Person

ST AUGUSTINE INDUSTRIAL PARK, LLC

Firm/Company

44 Corey Cay Ave

Address

St Augustine, FL 32092

City/State and Zip Code

STAUGUSTINEINDUSTRIALPARK@hotmail.com

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

For further information concerning this matter, please call:

Gregory D Hill

904

945-0072

Name of Person

at (_____) _____

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

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.

ST AUGUSTINE INDUSTRIAL PARK, LLC

FIRST: The name of the limited liability company is: _____

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

THIRD: Document to be corrected is: _____

(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:

Please change the Effective Date to 04/04/2018

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

23 APR 2018
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)