

L180000101518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

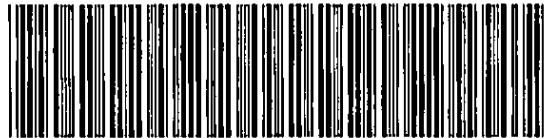
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUN 11 AM 8:01  
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JUN 14 2018  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Cottage Holdings, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Charles B Palmer

\_\_\_\_\_  
Name of Person

Palmer Group, Inc.

\_\_\_\_\_  
Firm/Company

4004 Shady Oak Court

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

charlie5050@me.com

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

For further information concerning this matter, please call:

Charles B. Palmer

321

231-5050

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

May 29, 2018

CHARLES B PALMER  
PALMER SHADEY OAK CT  
4004 SHADY OAK CT  
LAKE MARY, FL 32746

SUBJECT: COTTAGE HOLDINGS, LLC  
Ref. Number: L18000101518

RECEIVED  
2018 JUN -8 AM 9:53  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

We have received your document for COTTAGE HOLDINGS, 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 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: 918A00011126

6/5/2018

Enclosed is signed letter  
as requested

FILED  
2018 JUN 11 AM 8:01  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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.

**COTTAGE HOLDINGS, LLC**

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_ **L180000101518**  
**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**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:

**THE EFFECTIVE DATE OF THIS BUSINESS SHOULD BE MAY 9, 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

\_\_\_\_\_  
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)**