

L19000051938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

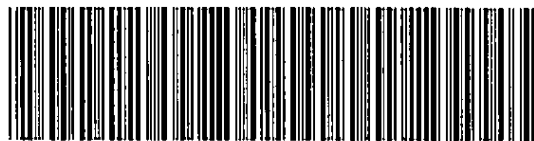
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only



400327395554

400327395554
04/08/19--01030--028 **60.00

FILED
19 MAY -2 PM 6:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAY 02 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

MICHAELA HINTERSTOISSER
12112 44TH AVENUE W UNIT 142
CORTEZ, FL 34215

SUBJECT: 5316 8TH ST CT W LLC
Ref. Number: L19000051938

We have received your document for 5316 8TH ST CT W LLC and your check(s) totaling \$60.00. 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 419A00007697

RECEIVED

2019 MAY -2 PM 12:02

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **5316 8TH ST CT W 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:

Michaela Hinterstoisser

Name of Person

Firm/Company

12112 44th Ave W, Unit 142

Address

34215 Cortez - FL

City/State and Zip Code

info@xxiv-group.com

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

For further information concerning this matter, please call:

____ 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

**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: 5316 8TH ST CT W LLC

SECOND: The Florida Document number of the limited liability company is: L19000051938

THIRD: Document to be corrected is: Articles of Organization

(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 new name and adress of the company is now:

1912 19TH AVE W LLC

7901 4th St N STE 300, 33702 St. Petersburg, FL

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.

M. H. [Signature]
Signature of Authorized Representative

04/26/19
Date

FILED
19 MAY - 2 PM 6:27
TALLAHASSEE, FLORIDA

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)