

L19000205293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Tax Professional Services, LLC

A Financial Services Corporation
1105 W Maple Ave
Geneva, AL 36340
334-684-6398
334-684-7193 -fax
www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, Alabama Association of Accountants, American Society of Problem Solvers

January 23, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern

Enclosed you will find: Statement of Correction & check for payment and a self addressed and stamped certified envelope (7018 0360 0000 7625 4168).

Please register the enclosed Statement of Correction for:

Corbin Rental Properties, LLC

and return to us in self addressed envelope provided.

Thank you,



Ulli Steiner, Incorporator
Tax Professional Services, LLC

Enc.

Cert#: 7018 0360 0000 7625 4151

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORBIN RENTAL PROPERTIES, 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:

Ulli Steiner

Name of Person

Tax Professional Services

Firm/Company

1105 W Maple Ave

Address

Geneva, AL 36340

City/State and Zip Code

ulli@taxproservices.com

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

For further information concerning this matter, please call:

Ulli Steiner

U. Steiner

334

684-6398

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CORBIN RENTAL PROPERTIES, LLC

SECOND: The Florida Document number of the limited liability company is: L19000205293

THIRD: Document to be corrected is: Electronic Articles of Organization for Florida Limited Liability Company

(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:

Article IV: The name Tracy R Corbin shall be changed to: Traci R Corbin

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.

Ulli Steiner

January 23, 2020

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)