

10/1/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VAN WINKLE & SAMS, P.A.
Account Number : 120030000032
Phone : (941)923-1685
Fax Number : (941)923-0174

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: YourLawAttorney@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRAYS CONCIERGE LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grays Concierge 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:

Laurie Sams

Name of Person

Van Winkle & Sams, PA

Firm/Company

3859 Bee Ridge Road, Suite 202

Address

Sarasota FL 34233

City/State and Zip Code

your1attorney@gmail.com

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

For further information concerning this matter, please call:

Laurie Sams

Name of Person

at 941

Area Code

923-1685

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:

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

19 OCT -1 PM 2:50
TALLAHASSEE, FLORIDA

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: Grays Concierge LLC

SECOND: The Florida Document number of the limited liability company is: L19000226343

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:

Misspelling of the name of the entity. The word Greys is misspelled as Grays.


Correct name is Greys Concierge LLC

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.

 10/1/19
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)