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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APR1227 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:

Scott Raab
Name of Person

APR1227 LLC
Firm/Company

2442 Newfound Harbor Dr
Address

Merritt Island FL 32952
City/State and Zip Code

SRaab928@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Raab at (609) 923 2959
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

¹ Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Article IV

The name and address of person(s) authorized to manage LLC:

Bethany

Title: MGR
~~SCOTT~~ RAAB
1480 HANNAH DRIVE
MERRITT ISLAND, FL. 32952 US

Title: MGR
CAROL RAAB
2442 NEWFOUND HARBOR DR
MERRITT ISLAND, FL. 32952 US

Scott

Title: MGR
~~CAROL~~ RAAB
2442 NEWFOUND HARBOR DR
MERRITT ISLAND, FL. 32952-287 US