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COVER LETTER

ΓO: Registration Sec Division of Cor			
SUBJECT:	PR.1227	LLC	
7 /	ì	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	are submitted for filin	द्ध.
Please return all correspondence	ondence concerning this r	natter to the following	ā:
Scutt 12	Ci ci 5		_
APR122	7 Lic		_
2442 Ne.	Firm/Company Address	rbor Dr	
	Address LSland F City/State and Zip Code		
50 aa	692809	mail.co	
E-mail address: (to	be used for future ann ad	report notification)	
for further information of	concerning this matter, pl	ease call:	
Scott (Zacl of Person	at (<u>699</u> Area Code	Daytime Telephone Number
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27		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:		
□S25 Filing Fee	\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

DR2E062 (9/15)

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

²ursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document.

TPST	The name of the limited liability company is:	21227 LLC
<u> 113.51</u> .	The name of the infined mastery company is.	
SECON THIRD	The Florida Document number of the limited lie Document to be corrected is:	Les of Organization
	(CHECK THE APPROPRIATE BOX AND CO	
*	statement are as follows:	it, the reason the statement is incorrect, and the corrected $1p_{c} + - Names and$
	addresses did not co attocked Showing Coll or name Beittang not Scot	nvey properly. Copy ections: Litter First Man H - Third MER Name South Car:
		ment was defectively signed and the appropriate correction are
		SECRETAL ANASS
	<u>OR</u>	
⊐	The electronic transmission of the record was defective.	17 /4 17 29
	Signature of Authorized Representative	Date
	re of new registered agent, if applicable :(NOTE: if corregg the designation).	ecting the registered agent, the new registered agent must sign
hereby provisio phligatio	ons of my position as registered agent as provided for in change in the registered office address, I hereby confir	<u>A:</u> • act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 603, F.S. Or, if this document is being filed to merely n that the limited liability company has been notified in writin
	Registered A	gent's Signature
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)

Certified Copy:

Article IV

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

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

SOUT

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