

L19000294639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

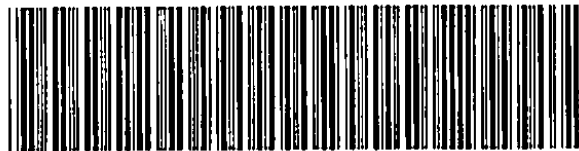
(Business Entity Name)

(Document Number)

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12/23/19--01026--001 **25.00

R. WHITE
JAN 24 2020

2019 DEC 23 PM 1:01

COVER LETTER

Registration Section
Division of Corporations

ECT: Cleveland-Crystal Plaza, LLC
Name of Limited Liability Company

Sir or Madam:

Enclosed Statement of Correction and fee(s) are submitted for filing.

I return all correspondence concerning this matter to the following:

ly Landry
Name of Person

land-Crystal Plaza, LLC
Firm/Company

San Carlos Blvd
Address

Myers, Florida 33908
City/State and Zip Code

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

For further information concerning this matter, please call:

ly Landry at (239) 633-2338
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:

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**

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

T: The name of the limited liability company is: Cleveland-Crystal Plaza, LLC

DND: The Florida Document number of the limited liability company is: L19000294639

ID: Document to be corrected is: Effective Date

(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 effective date of the entity is INCORRECT and should be Effective 12/19/2019

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.

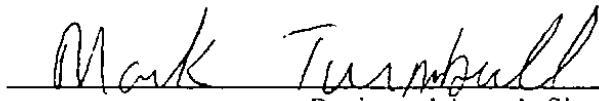
Signature of Authorized Representative

Date

ure of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign ing the designation).

Registered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.



Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)