

L200000 39367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

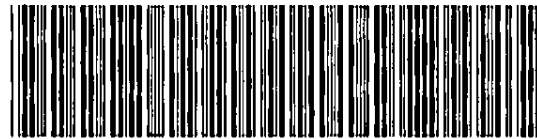
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Add purpose per Loretta on 4/10/20

Office Use Only



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RECEIVED

MAR 09 2020

2020 APR -9 AM 11:36  
SOUTH  
STATE

O SIMMONS  
APR 10 2020



2020 APR -9 AM 10:55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2020

*Copper.*  
LORETTA COOPER  
55 EMERALD WOODS DR  
#C3  
NAPLES, FL 34108

SUBJECT: COPPER & CO REAL ESTATE LLC  
Ref. Number: L20000039367

We have received your document for COPPER & CO REAL ESTATE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 320A00006718

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COPPER & CO REAL ESTATE 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:

LORETTA COPPER

\_\_\_\_\_  
Name of Person

COPPER & CO REAL ESTATE LLC

\_\_\_\_\_  
Firm/Company

55 EMERALD WOODS DR C3

\_\_\_\_\_  
Address

NAPLES, FL 34108

\_\_\_\_\_  
City/State and Zip Code

LORETTACOPPER.REALTOR@GMAIL.COM

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

For further information concerning this matter, please call:

LORETTA COPPER

913

484-7579

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: LORETTA MAE COPPER PLLC

**SECOND:** The Florida Document number of the limited liability company is: L20000039367

**THIRD:** Document to be corrected is: 2/3/2020

**(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 incorrect of name COPPER & CO REAL ESTATE LLC was set up inadvertently.

The corrected name will be LORETTA MAE COPPER PLLC purpose: real estate

**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.

Loretta Mae Copper  
Signature of Authorized Representative

4-4-2020  
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.*

Loretta Mae Copper  
Registered Agent's Signature

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