

L20000 26,913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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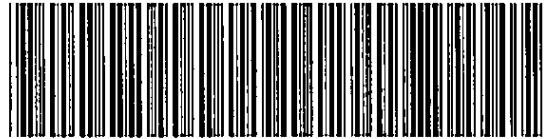
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/20 10:10:10 AM

20 AUG 17 AM 11:12

FILED
CLERK OF COURT
JANUARY 17, 2017

Statement
of
Correction

FILED 2017

2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Davis Mobile Home Rentals, 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:

Renee Marquis-Abrams

Name of Person

Neill Griffin Marquis, PLLC

Firm/Company

P.O. Box 1270

Address

Fort Pierce, FL 34954

City/State and Zip Code

bkd1977@yahoo.com

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

For further information concerning this matter, please call:

Renee Marquis-Abrams

772

464-8200

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

20 AUG 17 PM 11:12
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**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: Davis Mobile Home Rentals, LLC

SECOND: The Florida Document number of the limited liability company is: L20000206963

THIRD: Document to be corrected is: Articles of Organization

(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 address of the principal office of the company and the office of the registered agent is incorrect, because the zip code is not 32960. The correct address of the principal office is 7200 84th Avenue, Vero Beach, Florida 32967, and the correct address of the office of the registered agent is 7200 84th Avenue, Vero Beach, Florida 32967.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

20 AUG 17 AM 11:12
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF BREVARD

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

8/3/2020
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.

Registered Agent's Signature

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