

120000269333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY 10 PM 12:07

MAY 23 2021

R. HUNT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 20 CASUARINA 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:

ANA H FRAGA

Name of Person

20 CASUARINA LLC

Firm/Company

232 ANDALUSIA AVENUE, SUITE 101

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

anahfraga@cnadsil.com

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

For further information concerning this matter, please call:

Ana Fraga

305

448-4200

at ( )

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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

☐ S30 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: 20 Casuarina LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000269333

**THIRD:** Document to be corrected is: 2021 Annual Report

**(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:

NOTE THAT THE CORRECT FEI IS 85-3300763 INSTEAD OF 20-3002976

**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.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY 10 PM 12:07

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
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)