

L21000272624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

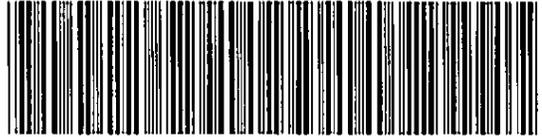
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL

Y
SEP

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
23 SEP -7 PM 3:39

August 25, 2021

BONEFISH DEVELOPMENTS LLC
10423 SW FIDDLERS WAY
PALM CITY, FL 34990

SUBJECT: BONEFISH DEVELOPMENTS LLC
Ref. Number: L21000272624

We have received your document for BONEFISH DEVELOPMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 321A00020477

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONEFISH DEVELOPMENTS 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:

EARLE JOHNSTON
Name of Person

BONEFISH DEVELOPMENTS LLC
Firm/Company

10423 SW FIDDLERS WAY
Address

PALM CITY FL 34990
City/State and Zip Code

EARLE-CHAMPIONGL @ ATT. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARLE JOHNSTON at (772) 418-9285
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:

 \$35 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: BONEFISH DEVELOPMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L 21000272624

THIRD: Document to be corrected is: L 21000272624

(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:

MANAGER NAME SHOULD BE: EARLE J. JOHNSTON
REVOCABLE TRUST

(NOT EARLE JOHNSTON)

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.

Earle Johnston 9/3/21
Signature of Authorized Representative Date

FILED
2021 SEP -7 AM 10:53
TALLAHASSEE, FL
CLERK OF STATE

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)