

L23000513643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

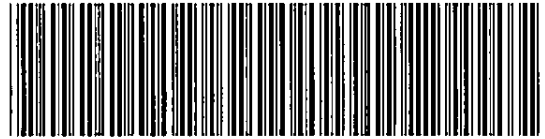
Certified Copies _____

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wrong form

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2024 APR 22 PM 4:24
HALL COUNTY, FLORIDA

MAY 15

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2024

KELLY CARY LAW, P.A.
114 JUNIPER LANE
LONGWOOD, FL 32779

SUBJECT: 4346 CREEKSIDE BLVD, LLC
Ref. Number: W24000021397

We have received your document for 4346 CREEKSIDE BLVD, 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):

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

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 224A00006111



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

KELLY CARY LAW, P.A.
114 JUNIPER LANE
LONGWOOD, FL 32779

SUBJECT: 4346 CREEKSIDE BLVD, LLC
Ref. Number: W24000021397

We have received your document for 4346 CREEKSIDE BLVD, 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 024A00002758

3/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4346 Creekside Blvd, 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:

Kelly Cary
Name of Person

Kelly Cary Law, P.A.
Firm/Company

114 Juniper Lane
Address

Longwood, FL 32729
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Cary at 407 334-0453
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: 4346 Creekside Blvd, LLC

SECOND: The Florida Document number of the limited liability company is: L23000513643

THIRD: Document to be corrected is: Articles of Incorporation

(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:

Registered Agent & manager name misspelled Duarte-Ortega Adan
correct spelling Duarte-Ortega Adan

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 03/29/2024
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)

APR 22 PM 14:24
MISSISSIPPI