## M09000000 199

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## **COVER LETTER**

TO: Registration S Division of C			
FLORIE SUBJECT:	OA LAND VENTURES VI	LC (M09000000199	
	1	Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statemen	nt of Correction and fee(s) a	are submitted for filing	g.
Please return all corres	spondence concerning this r	natter to the following	2:
Deborah Fanich			
	Name of Person	· · ·	-
Berger Singerman LL	P		
	Firm/Company		-
201 East Las Olas Bo	ulevard Suite 1500		
	Address	·	-
Fort Lauderdale, FL 3	33301		
	City/State and Zip Code		_
Christie@metrodg.co	m		
E-mail address:	to be used for future annua	report notification)	_
For further informatio	n concerning this matter, pl	ease call:	
Deborah Fanich		954 at (	712-5164
Nam	e of Person	Area Code	Daytime Telephone Number
P.O. Box 6	n Section l'Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check f	or the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$\infty\$ \$\infty\$ \$\infty\$ \$\infty\$ \$\infty\$ Certificate of Status & Certified Copy

CR2E062 (9/15)



August 9, 2023

DEBORAH FANICH BERGER SINGERMAN LLP

SUBJECT: FLORIDA LAND VENTURES V LLC

Ref. Number: M0900000199

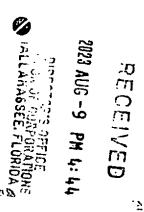
We have received your document for FLORIDA LAND VENTURES V LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 623A00017984



## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>\$T</u> : The	name of the limited liability company is:	JRES V LLC		·····	_
COND:	The Florida Document number of the limited liability compan				_ _
IRD:	Document to be corrected is: APPLICATION FOR WITHDRA	WAL			
	(CHECK THE APPROPRIATE BOX AND COMPLETE TH		<u>STATEM</u>	<u>ENT</u>	
	ntains an incorrect statement. The incorrect statement, the reason thement are as follows:	he statement is incor	rect, and th	ie corre	ted
The	Application for Withdrawal was erroneously executed because it was	filed prior to the con	npletion of	the	
win	ding up of the Company. To correct such erroneous filing, the Applic	ation for Withdrawal	is null and	void	
and	shall have no further force and effect.				
OR					
	s defectively signed. The manner in which the document was defe	ctively signed and th	ne appropri	ate corr	ection
	s defectively signed. The manner in which the document was defer follows:	ctively signed and th	TALL AHA	2023 AUG	ection
	ollows:	ctively signed and th	TALL AHASSEE, I	2023 AUG -9	
as fo	ollows:	ctively signed and the	TALL AHASSEE, FLOR	2023 AUG -9 AM 9:	
as fo	e electronic transmission of the record was defective.		TALLAHASSEE, FLORED	2023 AUG -9 AM	
OR The	e electronic transmission of the record was defective.  /s/ John M. Ryan  Signature of Authorized Representative  finew registered agent, if applicable: (NOTE: if correcting the registered Agent's Signature, if changing Registered Agent: rept the appointment as registered agent and agree to act in this can fall statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 605, ange in the registered office address, I hereby confirm that the limit	August  Date  istered agent, the new  apacity. I further agr  ny duties, and I am fi	TALLAHASSEE, FLORING A registere ree to compamiliar will imment is being the second compamiliar will be recompamiliar will be recompamiliar will be recompamiliar will be recompared to the second compared to	2023 AUG -9 AM 9: 35 d agent by with h and a ing filed	must the ccept to m
OR The epting the reby according to the rections of the rectio	e electronic transmission of the record was defective.  /s/ John M. Ryan  Signature of Authorized Representative  finew registered agent, if applicable: (NOTE: if correcting the registered Agent's Signature, if changing Registered Agent: rept the appointment as registered agent and agree to act in this can fall statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 605, ange in the registered office address, I hereby confirm that the limit	August  Date  istered agent, the nev  ipacity. I further agr  ny duties, and I am for  F.S. Or, if this docu  ited liability compan	TALLAHASSEE, FLORING A registere ree to compamiliar will imment is being the second compamiliar will be recompamiliar will be recompamiliar will be recompamiliar will be recompared to the second compared to	2023 AUG -9 AM 9: 35 d agent by with h and a ing filed	must the ccept to m