

M120000005359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

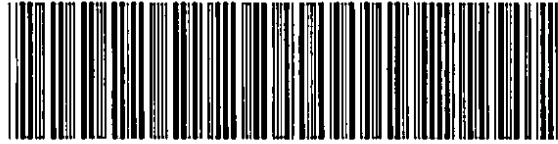
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000301335990

07/17/17--01007--020 **25.00

FILED
JUL 17 PM 3:41
FBI - JEFFERSON

D. SCOTT
JUL 18 2017

CONN KAVANAUGH

CONN KAVANAUGH ROSENTHAL PEISCH & FORD, LLP

Pia M. Guarnaccia
Paralegal
617-348-8264
pguarnaccia@connkavanaugh.com

July 13, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Setai 1801, LLC

Dear Sir or Madam:

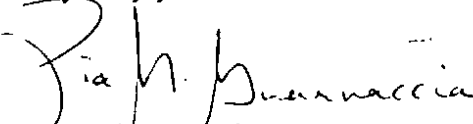
Enclosed please find the following:

1. Statement of Correction for Florida Or Foreign Limited Liability Company;
2. Check payable to Florida Department of State in the amount of \$25.00, to cover the filing fee.

Please acknowledge receipt of the above by date-stamping the enclosed copy and returning it in the enclosed self-addressed, stamped envelope.

Thank you for your attention.

Very truly yours,


Pia M. Guarnaccia
Paralegal

pmg
Enclosures
cc: Barry E. Gold, Esq.
1615926.1 06919.000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Setai 1801, 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:

Barry E. Gold, Esq.

Name of Person

Conn Kavanaugh Rosenthal Peisch & Ford, LLP

Firm/Company

One Federal Street, 15th Floor

Address

Boston, MA 02110

City/State and Zip Code

bgold@connkavanaugh.com

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

For further information concerning this matter, please call:

Barry E. Gold, Esq.

Name of Person

617

Area Code

482-8200

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2E062 (9/15)

FILED

**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: Setai 1801, LLC

SECOND: The Florida Document number of the limited liability company is: M12000005359

THIRD: Document to be corrected is: 2017 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:

The Annual Report was incorrectly signed by Aaron Green as Manager.

The LLC is not manager-managed but rather member managed.

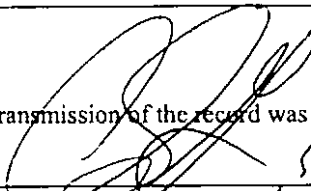
The Report should have been signed by Aaron Green as Sole Member.

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.

 Sole Member
Signature of Authorized Representative

7/12/17
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)